

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Program Name:	YLS Early Learning Center	Date of Inspection:	7/16/25	Time of Arrival:	8:45am
Address:	127 Wall St	License Number:	15676	Expiration Date:	4/30/26
Town:	New Haven	Telephone Number:	203-432-7642	Summer Care:	open
Operator:	YLS Early Learning Center inc	# of Staff Present:	2	# over 3 Present:	0
Email:	amanda.mioline@yale.edu	Total Capacity:	10	Total Under 3 capacity:	10
Designated Director:	Amanda Moline	Hours/Days of Operation:	8:30am-6:00pm		

Instruction Codes: √ = Regulation in Compliance O = Regulation not in Compliance N/A = Not applicable at this time

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 6/4/24

ADMINISTRATION 19a-79-3a

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	POLICIES-COMLETE/IMPLEMENTED
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	ACCESS
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds in prek-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	POSTINGS
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 3a(e)(6)	Dev. Milestones posted
<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted
<input checked="" type="checkbox"/> 10(g)(8)	Safe Sleep policy posted (Schls-N/A)

<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.	RATIOS
<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group
<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.	GROUP SIZE
<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group-group size
<input checked="" type="checkbox"/> 30. (e)(1)	Designated director-training
<input checked="" type="checkbox"/> 31. (f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 32. (f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 33.	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (a)(2)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (h)(1)	Health & Safety training
<input checked="" type="checkbox"/> (h)(2)	1% annual hours
<input checked="" type="checkbox"/> 34.	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 35.	CONSULTANTS
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> (i) - (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (i)(2)	Consultant visits-Education/Health
(H)(i)-(I)(i)	

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	✓	✓	✓

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	YLS Early Learning Center	LICENSE NUMBER	15676	DATE OF INSPECTION	7/16/25
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
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36.	(a)(1)(A-C)	Children's Enrollment information
37.		PARENT PERMISSIONS
38.	(a)(1)(D)(i)	Emergency medical permission
39.	(a)(1)(D)(ii)	Authorized release permission
40.	(a)(1)(D)(iii)	Field trip permission
41.	(a)(1)(D)(iv)	Transportation permission
42.	(a)(2)(A-B)	Child Health Records
43.	(a)(2)(C)	Immunization records
44.	(a)(2)(E)	Individual care plan-signed by parents/staff
45.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
46.	(a)(3)(B)	Parent notification of illness or injury
47.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
48.	(a)(3)(D)	Notify DPH, local health-reportable diseases
49.	(a)(4)	Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a

50.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
51.	(a)(2)	Nutritious meals and snacks
52.	(a)(3)	Proper refrigeration-41 degrees
53.	(a)(4)	Menus-1 wk in advance- keep 3 mths
54.	(a)(5)	Food Service Inspection (N/A)
55.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)
56.	(a)(7)	Separate hand washing facilities
57.	(a)(8)	Multi-use eating/drinking utensils
58.	(a)(9)	Kitchen separated (N/A)
59.	(a)(10)	Children supervised during meal prep
60.	(a)(11)	Handwashing-staff/children
61.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
62.	(b)(2)	Designated isolation area
63.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
64.	(c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
65.	(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

66.	(a)(2)	Fire marshal codes/certificate 5-30-25
67.	(b)	Indoor/Outdoor space inspected/approved
68.	(b)(1)-(5)	Construction/expansion/renovation/conversion
69.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
70.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
71.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
72.	(c)(4)	Testing of premises/grounds for chemicals
73.	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
74.	(c)(5)(B)	Lead Water Test - Date: 11/7/24
75.	(c)(5)(C)	Bact./Chem Test-Date: (N/A)
76.	(c)(6)(A)	Drinking water available/accessible
77.	(c)(6)(B-D)	LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results: No Lead (Renovations)
78.		Lead Management Plan: NA
79.		Peeling Paint - Y/N Inside/Outside

80.	(d)(1)	Emergency vehicle access
81.	(d)(2)	Walkways maintained
82.	(d)(3)	Windows protected to prevent falls
83.	(d)(3)	Window screens
84.	(d)(4)	Glass/mirrors protected- 36"
85.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
86.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
87.	(d)(7)	Individual storage of clothing and bedding
88.		SMOKING
89.	(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
90.	(d)(8)	Matches/lighters inaccessible
91.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
92.		TOILETING
93.	(d)(10)(A)	Shared toilets/sinks-supervision plan
94.	(d)(10)(B)	Toileting needs met
95.	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
96.	(d)(10)(C)	Required toilets/sinks-1:16
97.	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
98.	(d)(10)(E)	Handwashing staff/children
99.	(d)(10)(F)	Toilets/sinks located at the facility
100.	(d)(10)(G)	Well lighted/ventilated toilet rooms
101.	(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
102.	(d)(11)	Staff personal articles inaccessible
103.		AIR TEMPERATURE
104.	(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
105.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
106.	(e)(3)	Water temperature 60°F-120°F
107.	(e)(4)	Portable space heaters prohibited
108.		WALLS/CEILINGS/FLOORS/RUGS
109.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
110.	(e)(5)	Rugs- not a tripping/slipping hazard
111.	(e)(6)	Hot water/Steam pipes protected
112.		TELEPHONE/TELEPHONE NUMBERS
113.	(e)(7)	Working phone on each level
114.	(e)(7)	Emergency numbers posted-adjacent to phones
115.	(e)(7)	Parents provided direct on site phone number
116.		LIGHTING
117.	(e)(8)	All areas min. 1 foot candle of lighting
118.	(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
119.	(e)(9)	Enough lighting for comfort
120.	(e)(9)	Light fixtures shielded/shatter proof
121.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
122.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
123.	(e)(12)	Stairs-protected/good repair-handrails
124.	(e)(13)	Toxic plants/materials inaccessible
125.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
126.	(e)(16)	Measures to prevent vermin
127.	(e)(17)	Radon test- Results: 1.0 (Schls-N/A)
128.	(e)(18)	Carbon monoxide detector-each level N/A
129.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
130.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
131.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
132.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
133.	(g)(4)	Developmentally app equipment, materials

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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
110.	(j)	No weapons/no facsimile of a firearm
111.		OUTDOOR SPACE
	(h)(1)	Adequate space- 75 sq. ft. per child
	(h)(2)	Shock absorbing surfaces-minimum 8"
	(h)(3)	Playground free from hazards
	(h)(4)	Nuts, bolts, screws-tight, covered/protected
	(h)(5)	Outside equipment anchored-anchors buried
	(h)(6)	New equip- cert playg. Inspection upon request
	(h)(8)	Drinking water available/accessible
	(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
112.		OUTDOOR PROTECTED/FENCED
	(h)(7)	Playground protected from traffic, water, gullies or other hazards
	(h)(7)(A)	Fences installed to protect from hazards-4 ft
	(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
	(i)	WATER HAZARDS
	(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
	(i)	Wading pools prohibited
	(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

128.	(e)(2)	DIAPERING cont.
	(e)(3)	Diaper area: used only for this purpose, located in the program area
	(e)(4)	Diaper area: non-porous surface/good repair
	(e)(5)	Diaper area: washed/disinfected after use
	(e)(6-9)	Diaper area: disposable paper sheets
	(e)(7)	Covered waste receptacle-removed daily
	(e)(8)	Handwashing-staff/children
	(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
129.	(f)(1)	Cloth diapers-written plan developed
	(f)(2)	LINENS/CLOTHING
	(f)(3)	Linens/emergency clothing available
	(f)(4)	Linens washed weekly or as needed
130.	(g)(1)	Linens/clothing stored individually
	(g)(1)	Cribs/cots cleaned-linens changed when shared
	(g)(1)	SAFE SLEEP
	(g)(2)	Under 12 mths placed on back for sleeping
	(g)(3)	Crib-snug fitting mattress/tightly fitted sheet
	(g)(4)	Alternate sleep position/equipment-medical documentation for medical reason on file
	(g)(5)	Infants allowed to adopt other sleep positions
	(g)(6)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	(g)(7)	No unapproved sleeping-car seats/swings/beds, etc.
	(g)(8)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
131.	(h)(1)	Observe/assess infants at least every 15 minutes
	(h)(1)	Teething necklaces/bracelets, jewelry inaccessible
	(h)(2)	Safe sleep policies - parents informed
	(h)(2)	TOYS AND OTHER OBJECTS
	(i)(1)(2A-C)	Infant toys-separate/washed/sanitized daily
135.	(j)	Toddler toys-washed/sanitized weekly
136.	(k)(1)	No toys/objects less than 1 1/4 " diameter
	(k)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
	(k)(3)	Health consultant visits/documentation
	(k)(4)	FEEDING
	(k)(5)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
137.	(l)(1)	Written feeding schedule from parent-updated
	(l)(1)	Unused formula/milk discarded after feedings
	(l)(2)	Clean bottles/disposable bottles/appvd washing
	(l)(2)	Baby food served from dish or whole jar
	(l)(3)	Bottles labeled with child's name
138.	(l)(3)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
139.	(l)(3)	Outdoor equipment-developmentally appropriate for ages of the children
	(l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a		
115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
116.	(a), (1)-(11)	EDUCATIONAL REQUIREMENTS
	(b)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
	(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10 (Y/N)

117.	(b)	Approved Under 3 Endorsement
118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
123.	(d)(2)(B)	Washable cots
124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
126.	(d)(2)(E)	Refrigerator and food prep facilities
127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
128.	(e)(1)	DIAPERING
	(e)(1)	Diaper area: elevated/sturdy/safety rail

SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N)

140.	(b)	Approved Schl Age Endorsement
141.	(c)	SCHEDULE - ACTIVITIES
	(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
	(c)(2)	Activities not a duplication of child's day
	(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
144.	(e)	Ratio- 1:15
	(e)	Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

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SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<input type="checkbox"/>	145.	(f)	NA	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	146.	(g)		Designated Head teacher approved- 60%	<input checked="" type="checkbox"/>	172.	(b)(1)(A)	STAFF TRAINING
					<input checked="" type="checkbox"/>		(b)(1)(B)	Staff training – first aid
					<input checked="" type="checkbox"/>		(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N					<input checked="" type="checkbox"/>		(b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/>	147.	(b)		Approved Night Care Endorsement	<input checked="" type="checkbox"/>		(b)(3)	Written documentation of training
<input checked="" type="checkbox"/>	148.	(b)(1)		Person in charge-head teacher	<input checked="" type="checkbox"/>		(c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/>	149.	(b)(2)		Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>		(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>	150.	(b)(3)		Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>		(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>	151.	(b)(4)	NA	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>		(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	152.	(b)(5)		Staff awake and available	<input checked="" type="checkbox"/>		(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	153.			SLEEP PROVISIONS	<input checked="" type="checkbox"/>		(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/>		(b)(6)		Individual cot/crib with bedding	<input checked="" type="checkbox"/>		(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/>		(b)(6)(A)		Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>		(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>		(b)(6)(B)		Required bedding				
<input checked="" type="checkbox"/>		(b)(6)(C)		Required toiletries				
<input checked="" type="checkbox"/>		(b)(6)(D)		Bedding/sleeping apparel laundered weekly				
<input checked="" type="checkbox"/>		(b)(7)		Sleep arrangements for infants				
<input checked="" type="checkbox"/>	154.	(b)(8)		Air temp 65 °F at 3 ft				
<input checked="" type="checkbox"/>	155.	(b)(9)		Fire marshal approval-hours specified				
<input checked="" type="checkbox"/>	156.	(b)(10)		Local health approval				

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/>	157.	(9a)		Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	-NA	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/>	158.	(9a)		Permit enrollment of children with asthma, allergies, diabetes				
<input checked="" type="checkbox"/>	159.	(a)(2)		NONPRESC. TOPICAL MEDICATION				
		(a)(3)(A-B)		Admin/Parent permission/report errors				
		(a)(3)(C)		Labeling and Storage				
<input checked="" type="checkbox"/>	160.			Unused/expired meds destroyed/returned				
		(b)(1)(A/C)		MEDICATION TRAINING				
		(b)(1)(D)		Medication training-general-oral/top/inhalant				
		(b)(1)(E)		Injectable premeasured autoinjector medication				
		(b)(1)(F)		Rectal medication				
		(b)(2)(A-B)		Injectable other than premeasured auto-injector				
		(b)(2)(C)		Training approval documents/certificates				
		(b)(3)(A-B)		Training outline on file				
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)		Authorized prescriber/parent permission				
<input checked="" type="checkbox"/>	162.	(b)(3)(D)		Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)		Medication Administration Records (MAR)				
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)		Labeling and Storage				
<input checked="" type="checkbox"/>	165.	(b)(5)(C)		Emergency medication inaccessible				
<input checked="" type="checkbox"/>	166.	(b)(5)(D)		Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/>	167.	(b)(5)(E)		Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/>	168.	(b)(6)		Self-administration documentation				
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)		Petition for special medication authorization				
<input checked="" type="checkbox"/>	170.	(d)		Potassium Iodide (KI) emergency distribution-permission and storage (N/A)				

DISCUSSIONS/COMMENTS

1) New Regulations
 2) Program must update all required policies to reflect new requirements per new regulations
 3) sand on playground around climber starting to appear compacted.
 4) Program currently does not have children with medications attending provided. Copy of updated OEC complaint procedure to be posted provided copy of OEC policy review checklist highlighting changes effect 10/16/24

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff	Jen Schulz / Fel Montanye		Signature of person in charge
Printed Name	Jen Schulz / Fel Montanye	Amanda Mioline	Printed Name

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 7-30-25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YLS early learning center License # 15676 Date: 7/16/25

Observations/Corrections needed:

- Program not in compliance with:
- #19 staff health records when 1 staff health record with current medical statement not available
- #33 health + safety training when 1 staff does not have documentation of completed training
- #35 Consultant agreements with required services for social services ~~did not have new required duty~~ ^{when new agreement} (Fro) service consultant when current agreement did not have new required duty
- #109 indoor climbing play equipment when impact absorbing material was not observed within fall zones of slide

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jen Schusz / Felicitas
(OEC Representative)
 Print Name: Jen Schusz / Fel Montanye

Signature: Amanda Moline
(Person in Charge)
 Print Name: Amanda Moline

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 7-30-25