

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family YMCA @ Matthawson Date: 10/16/25 Time: 3:12pm

Location Address: 4666 W. River St Telephone #: 203-878-6501

e-mail address: smarklinsky@cccymca.org License #: 16590 Expiration Date: 11/30/28

Capacity: 80 # of Children Present: 20 # of Staff Present: 2

**Consent to Inspect  
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.

Provider/Applicant/Substitute's Signature NA

Purpose of visit: Follow up to inspection 5/7/25

Observations/Corrections needed:

⊕ #33 Professional Development (h)(1) Health + safety not in compliance at this visit when ~~1~~ 2 staff on site did not have documentation on site of health + safety training.

✓ #2 Ensuring health + safety of children in compliance at this visit

✓ #37 (a)(1)(D)(ii) Authorized release in compliance at this visit

✓ #19 Staff health records (a)(1) in compliance at this visit

✓ #30 Designated Director (e)(1) training in compliance at this visit

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/30/25

Signature: [Signature]  
(OEC Representative)  
Print Name: Chaelyn Lombardi  
Signature: [Signature]  
(Person in Charge)  
Print Name: Brianne Holden

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family YMCA License # 16590 Date: 10/16/25

Observations/Corrections needed: @Mathewson

✓ #38 (a)(2)(A-B) child health records in compliance at this visit

✓ #39 (a)(2)(C) immunization records in compliance at this visit

⊕ #40 (a)(2)(E) Individual Care plans: program ~~not~~ <sup>not</sup> ~~at~~ <sup>em</sup> in compliance at this visit when all care plans not signed by all staff responsible for childrens care (allergy + Asthma) and 1 care plan not signed by parent

✓ #62 (a)(2) Fire Marshal certificate

✓ #70 (c)(6)(A) Lead Management Plan monitoring in compliance at this visit

✓ #161(b)(3)(A-B) Authorized Prescriber /parent permission in/compliance at this visit

⊕ #143 Ratios - Program not in compliance with Ratios when upon arrival there was a 16:1 ratio in the cafe/gym and on 2 other occasions when 1 staff brought children to the bathroom leaving cafe/gym with 17:1 ratios

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

Signature: [Signature]  
(OEC Representative)  
Print Name: Fil Montanye / Lombardo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)  
Print Name: Brianne Holden

OEC BY: 10/30/25

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family Ymca @ Matthewson License # 16590 Date: 10/16/25

Observations/Corrections needed:

① #164 Labeling / Storage: Program not in compliance with labeling and storage when 1 epi Pen did not have ~~pharmacy~~ pharmacy label and 1 zytac was observed without original box

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

Signature: [Signature]  
(OEC Representative)  
Print Name: Filomena Lombardo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 10/30/25

Signature: [Signature]  
(Person in Charge)  
Print Name: Brianne Holden