



**CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING**



**CHILD CARE CENTER/GROUP CHILD CARE HOME  
SCHOOL AGE ONLY INSPECTION FORM**

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

Program Name:	YMCA SACC at Hatton School	Date of Inspection:	1-29-26	Time of Arrival:	2:50 pm
Address:	50 Spring Lake Rd.	License Number:	16097	Expiration Date:	2/28/29
Town:	Southington 06489	Telephone Number:	860-426-9521	Summer Care:	closed
Operator:	The Southington-Cheshire Community YMCA 3 Inc.	# of Staff Present:	6	# children Present:	28
Email:	ncharnysh@sccymca.org	Ages Served:	5-12 years	Total Capacity:	60
Designated Director:	Nicholas Charnysh	Days of Operation:	M-F	Hours of Operation:	M-F 3:00-6:00

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

**LICENSURE PROCEDURES 19a-79-2a**

**STAFFING and CONSULTANTS 19a-79-4a**

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: <u>1-5-26</u>	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<b>ADMINISTRATION 19a-79-3a</b>			<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
			<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 21a.	(b)(2)	Past employment history
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance -with bknd cks/history
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 28.	(d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 29.	(d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 30.	(e)(1)	Designated director-training
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 31.	(f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 11.		<b>POLICIES-COMLETE/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 32.	(f)(2)	First aid certified program staff
	<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 33.		<b>PROFESSIONAL DEVELOPMENT</b>
	<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy		<input checked="" type="checkbox"/> (a)(2)	Documentation
	<input checked="" type="checkbox"/> (d)(3)	Closing time policy		<input checked="" type="checkbox"/> (h)(1)	Health & Safety training
	<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy		<input checked="" type="checkbox"/> (h)(2)	1% annual hours
	<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34.		<b>SWIMMING ACTIVITIES - <u>Y/N</u></b>
	<input checked="" type="checkbox"/> (d)(5)	Supervision policy		<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
	<input checked="" type="checkbox"/> (d)(6)	General Operating policies		<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy		<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies		<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 35.		<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 13.		<b>ACCESS</b>		<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
	<input checked="" type="checkbox"/> (f)	Immediate access by parents		<input checked="" type="checkbox"/> (i) -	Consultant agreements-signed annually-
	<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records		(i)(2)(A-H)	agreements complete w/required services
<input checked="" type="checkbox"/> 15.	(m)	Motor vehicle laws-transportation		<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 16.	(n)	Capacity		<input checked="" type="checkbox"/> (i)(2)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> 17.	(o)	Respond to OEC-no false, misleading statements or documents		(H)(i)-(I)(i)	
<input checked="" type="checkbox"/> 18.		<b>POSTINGS</b>			
	<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"/> 7a(e)(17)	Radon test posted (Schls-N/A)			

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Dietitian	n/a	n/a	

CHILD CARE CENTER/GROUP CHILD CARE HOME SCHOOL AGE ONLY INSPECTION FORM – page 2

PROGRAM NAME YMCA SACC at Hatton School LICENSE NUMBER 16097 DATE OF INSPECTION 1.29.26

RECORD KEEPING 19a-79-5a

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. (a)(1)(D)(i) PARENT PERMISSIONS
- (a)(1)(D)(ii) Emergency medical permission
- (a)(1)(D)(iii) Authorized release permission
- (a)(1)(D)(iv) Field trip permission
- 38. (a)(2)(A-B) Transportation permission
- 39. (a)(2)(C) Child Health Records
- 40. (a)(2)(E) Immunization records
- 41. (a)(3)(A) Individual care plan-signed by parents/staff
- 42. (a)(3)(B) Injury, Illness, Incident, Accident reports
- 43. (a)(3)(C)(i-ii) Parent notification of illness or injury
- 44. (a)(3)(D) Notify OEC of serious injuries, fatality
- 45. (a)(4) Notify DPH, local health-reportable diseases
- Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection (N/A)
- 51. (a)(6) Kitchen-clean/safe storage of food/supplies (N/A)
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- (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
- (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 8-22-25
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: \_\_\_\_\_
- (c)(5)(C) Bact./Chem Test-Date: \_\_\_\_\_ (N/A)
- Drinking water available/accessible
- 70. (c)(6)(A) LEAD PAINT - Building Pre-78: Y(N) Lead Test: Y/N Results \_\_\_\_\_ Lead Management Plan n/a
- Peeling Paint - Y(N) Inside/Outside
- 71. (c)(6)(B-D) Emergency vehicle access
- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 76. (d)(5) Overhead doors-locks/spring protectors (N/A)
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed

PHYSICAL PLANT 19a-79-7a cont.

- 79. (d)(8) SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
- (d)(8) Matches/lighters inaccessible
- 82. (d)(10)(A) TOILETING Shared toilets/sinks-supervision plan
- (d)(10)(B) Toileting needs met
- (d)(10)(D) Required toilets/sinks-1:25
- (d)(10)(E) Toileting Supplies-Hand drying-Garbage
- (d)(10)(E) Handwashing staff/children
- (d)(10)(F) Toilets/sinks located at the facility
- (d)(10)(G) Well lighted/ventilated toilet rooms
- (d)(10)(H) Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
- 83. (d)(11) Staff personal articles inaccessible
- 84. (e)(1) AIR TEMPERATURE Air temp < 65°F comfortable
- (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
- 86. (e)(4) Portable space heaters prohibited
- 90. (e)(6) Hot water/Steam pipes protected
- 91. (e)(7) TELEPHONE/NUMBERS Working phone on each level
- (e)(7) Emergency numbers posted-adjacent to phones
- (e)(7) Parents provided direct on site phone number
- 94. (e)(7) LIGHTING All areas min. 1 foot candle of lighting
- (e)(8) Enough lighting for comfort
- (e)(9) Light fixtures shielded/shatter proof
- (e)(9) Potentially hazardous substances, materials labeled, inaccessible
- 95. (e)(10) Garbage/rubbish-disposed of daily, containers in good repair
- 96. (e)(11) Stairs-protected/good repair-handrails
- 97. (e)(12) Toxic plants/materials inaccessible
- 98. (e)(13) Pets or other animals-in good health, written care plan including access to children
- 99. (e)(14-15) Radon test- Results: \_\_\_\_\_ (Schls-N/A)
- 101. (e)(17) Carbon monoxide detector-each level (N/A)
- 102. (e)(18) Program space-adequate-35 sq. ft. per child
- 103. (f)(1)(A) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- 104. (g)(1) Developmentally app equipment, materials
- 107. (g)(4) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 108. (g)(5) Indoor climbing play equipment-shock absorbing materials under and around
- 109. (g)(6) No weapons/no facsimile of a firearm
- 110. (j) OUTDOOR SPACE Adequate space- 75 sq. ft. per child
- 111. (h)(1) Shock absorbing surfaces-minimum 8"
- (h)(2) Playground free from hazards
- (h)(3) Nuts, bolts, screws-tight, covered/protected
- (h)(4) Outside equipment anchored-anchors buried
- (h)(5) New equip- cert play. Inspection upon request
- (h)(6) Drinking water available/accessible
- (h)(8) Equipment arranged for safety-equip/fences/structures not hazardous
- (h)(9) OUTDOOR PROTECTED/FENCED Playground protected from traffic, water, gullies or other hazards
- (h)(7) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- (h)(7)(B) Rooftop play areas-6 ft. wall/barrier (N/A)
- (h)(7)(C) WATER HAZARDS Pools, swimming areas-conforms to DPH (N/A)
- (i) Wading pools prohibited
- (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3**

<b>PROGRAM NAME</b>	YMC <sup>SACC</sup> A-Hatton School	<b>LICENSE NUMBER</b>	16097	<b>DATE OF INSPECTION</b>	1-29-26
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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>	<b>MONITORING OF DIABETES 19a-79-13</b> Y/N
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<input checked="" type="checkbox"/> 140. (b) Approved Schl Age Endorsement <b>SCHEDULE - ACTIVITIES</b>	<input type="checkbox"/> 171. (a)(1) Written policies and procedures
<input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> (c) Written daily program plan-flexible schedule-available to staff/parents	<input type="checkbox"/> 172. <input type="checkbox"/> (b)(1)(A) Staff training – first aid
<input checked="" type="checkbox"/> (c)(1) Activities not a duplication of child’s day	<input type="checkbox"/> (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/> (c)(2) Activities include cognitive, physical, social, emotional needs of the children	<input type="checkbox"/> (i)-(iii) Training updated at least every 3 years
<input checked="" type="checkbox"/> (c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	<input type="checkbox"/> (b)(2) Written documentation of training
<input checked="" type="checkbox"/> 143. (d) Ratio- 1:15	<input type="checkbox"/> (b)(3) Trained staff on site when child is present
<input checked="" type="checkbox"/> 144. (e) Group size- max. 30	<input type="checkbox"/> (c)(2) Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input type="checkbox"/> (d)(1) Equipment provided by parents
<input checked="" type="checkbox"/> 146. (g) Designated Head teacher approved- 60%	<input type="checkbox"/> (d)(2) Equipment labeled and inaccessible
	<input type="checkbox"/> (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> Y/N	<input type="checkbox"/> 177. (e)(1) Authorized prescriber written order
<input checked="" type="checkbox"/> 157. (9a) Written medication policies/procedures	<input type="checkbox"/> 178. (e)(2) Written authorization from parent
<input checked="" type="checkbox"/> 158. (9a) Permit enrollment of children with asthma, allergies, diabetes	<input type="checkbox"/> 179. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 159. <b>NONPRESC. TOPICAL MEDICATION</b>	
<input checked="" type="checkbox"/> (a)(2) Admin/Parent permission/report errors	
<input checked="" type="checkbox"/> (a)(3)(A-B) Labeling and Storage	
<input checked="" type="checkbox"/> (a)(3)(C) Unused/expired meds destroyed/returned	
<input checked="" type="checkbox"/> 160. <b>MEDICATION TRAINING</b>	
<input checked="" type="checkbox"/> (b)(1)(A/C) Medication training-general-oral/top/inhalant	
<input checked="" type="checkbox"/> (b)(1)(D) Injectable premeasured autoinjector medication	
<input checked="" type="checkbox"/> (b)(1)(E) Rectal medication	
<input checked="" type="checkbox"/> (b)(1)(F) Injectable other than premeasured auto-injector	
<input checked="" type="checkbox"/> (b)(2)(A-B) Training approval documents/certificates	
<input checked="" type="checkbox"/> (b)(2)(C) 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)	

<b>ADDITIONAL VIOLATION</b>		
<input type="checkbox"/> 180.	- n/a	Consent Order/Negotiated Corrective Action Plan conditions (N/A)

<b>DISCUSSIONS/COMMENTS</b>	
#161 Medication authorization for one child with epipen expired.	
* playground not observed due to snow.	

<b>Signature of OEC staff</b>	Betty Mayer	<b>Signature of person in charge</b>	Christina Wild
<b>Printed Name</b>	Betty Mayer	<b>Printed Name</b>	Christina Wild

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>	Inspection shall be posted or available for review upon request.
Written Corrective Action Plan Due by: 2/12/26	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a>