

**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:	Woodruff Family YMCA	Date of Inspection:	5/7/26	Time of Arrival:	11/30/28
Address:	466 W River St. <i>Matthewson</i>	License Number:	16590	Expiration Date:	11/30/28
Town:	Milford	Telephone Number:	203-878-6501	Summer Care:	Closed
Operator:	Central Conn Coast YMCA inc	# of Staff Present:	3	# children Present:	13
Email:	smarklinsky@ccymca.org	Ages Served:	5-12 yrs	Total Capacity:	80
Designated Director:	Ryan Leworthy	Days of Operation:	M-F	Hours of Operation:	7-8:30am 3:00-6:00 pm

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

1. (c)(8) Local Health Inspection-Date: 8/25/25

ADMINISTRATION 19a-79-3a

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

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 28. (d)(4)(D)
- 29. (d)(5)(A)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33.
 - (a)(2)
 - (h)(1)
 - (h)(2)
- 34.
 - (4)(C)(ii-v)
 - (4)(C)(i)
 - (e)(6)
 - (e)(6)
- 35.
 - (i)(1)(A)-(D)
 - (i) -
 - (i)(2)(A-H)
 - (F)
 - (i)(2)
 - (H)(i)-(I)(i)

- Staff health records
- Disciplinary actions
- Comprehensive Background Checks
- Past employment history
- Evidence of compliance -with bknd cks/history
- Adequate staffing
- Two staff present-age 18 or older
- Personal qualities of staff
- Supervision-Indoors/Outdoors
- Group Size-school age field trips/outdoors
- Designated director-training
- CPR certified program staff
- First aid certified program staff

PROFESSIONAL DEVELOPMENT

- Documentation
- Health & Safety training
- 1% annual hours

SWIMMING ACTIVITIES - YAN

- Swimming-Ratios
- Non-swimmers identified
- CPR certified staff-age 20 or older
- Lifeguard-certified-supervising

CONSULTANTS

- Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
- Consultant agreements-signed annually-agreements complete w/required services
- Consultant logs-documented activities, observations and required services
- Consultant visits- Education/Health

	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"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

PROGRAM NAME Woodruff YMCA Mathewson LICENSE NUMBER 16590 DATE OF INSPECTION 5/7/26

RECORD KEEPING 19a-79-5a

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

HEALTH and SAFETY 19a-79-6a

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

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62. (a)(2)	Fire marshal codes/certificate <u>6/16/25</u>
<input checked="" type="checkbox"/>	63. (b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/>	64. (b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/>	65. (b)(6)	Space not inspected/approved but used for field trips—written parent permission
<input checked="" type="checkbox"/>	67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
<input checked="" type="checkbox"/>	68. (c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69. (c)(5)(A)	<u>WATER SUPPLY</u> – Public/Well (Schools-N/A) Lead Water Test – Date: <u>NA</u>
<input checked="" type="checkbox"/>	(c)(5)(B)	Bact./Chem Test-Date: <u>NA</u> (N/A)
<input checked="" type="checkbox"/>	(c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70. (c)(6)(A)	<u>LEAD PAINT</u> - Building Pre-78: Y/N Lead Test: Y/N Results <u>approved plan</u> Lead Management Plan <u>2x per year</u>
<input checked="" type="checkbox"/>	(c)(6)(B-D)	Peeling Paint – Y/N Inside/Outside
<input checked="" type="checkbox"/>	72. (d)(2)	Emergency vehicle access
<input checked="" type="checkbox"/>	73. (d)(3)	Walkways maintained
<input checked="" type="checkbox"/>	76. (d)(5)	Overhead doors—locks/spring protectors (N/A)
<input checked="" type="checkbox"/>	77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/>	79. (d)(8)	<u>SMOKING</u> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	82. (d)(10)(A)	<u>TOILETING</u> Shared toilets/sinks—supervision plan
<input checked="" type="checkbox"/>	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	(d)(10)(D)	Required toilets/sinks—1:25
<input checked="" type="checkbox"/>	(d)(10)(E)	Toileting Supplies—Hand drying—Garbage
<input checked="" type="checkbox"/>	(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	(d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	(d)(10)(H)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
<input checked="" type="checkbox"/>	83. (d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84. (e)(1)	<u>AIR TEMPERATURE</u> Air temp < 65°F comfortable
<input checked="" type="checkbox"/>	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	90. (e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	91. (e)(7)	<u>TELEPHONE/NUMBERS</u> Working phone on each level
<input checked="" type="checkbox"/>	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	94. (e)(8)	<u>LIGHTING</u> All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	(e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>	(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	95. (e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	96. (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	97. (e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	98. (e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	99. (e)(14-15)	Pets or other animals—in good health, written care plan including access to children
<input checked="" type="checkbox"/>	101. (e)(17)	Radon test- Results: <u>NA</u> (Schls-N/A)
<input checked="" type="checkbox"/>	102. (e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	103. (f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	104. (g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	107. (g)(4)	Developmentally app equipment, materials
<input checked="" type="checkbox"/>	108. (g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109. (g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110. (j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111. (h)(1)	<u>OUTDOOR SPACE</u> Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>	(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>	(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>	(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>	(h)(5)	Outside equipment anchored—anchors buried
<input checked="" type="checkbox"/>	(h)(6)	New equip- cert play. Inspection upon request
<input checked="" type="checkbox"/>	(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>	(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112. (h)(7)	<u>OUTDOOR PROTECTED/FENCED</u> Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>	(h)(7)(B)	Fences installed to protect from water—4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114. (i)	<u>WATER HAZARDS</u> Pools, swimming areas-conforms to DPH (N/A)
<input checked="" type="checkbox"/>	(i)	Wading pools prohibited
<input checked="" type="checkbox"/>	(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

PROGRAM NAME: Woodruff Family YMCA LICENSE NUMBER: 16590 DATE OF INSPECTION: 5/7/20

SCHOOL AGE ENDORSEMENT 19a-79-11 Mathnasium MONITORING OF DIABETES 19a-79-13 Y/N

140. (b) Approved Schl Age Endorsement
SCHEDULE - ACTIVITIES
 141. (c) Written daily program plan-flexible schedule-
available to staff/parents
 (c)(1) Activities not a duplication of child's day
 (c)(2) Activities include cognitive, physical, social,
emotional needs of the children
 (c)(3) Program includes free time, snacks,
creative/physical/small group/self-concept
activities, homework time, special events
 143. (d) Ratio- 1:15
 144. (e) Group size- max. 30
 145. (f) 4 yr. olds enrolled in schl age-written
authorization/permission from director/parent
 146. (g) Designated Head teacher approved- 60%

171. (a)(1) Written policies and procedures
 172. STAFF TRAINING
 (b)(1)(A) Staff training – first aid
 (b)(1)(B) Staff training – use/storage/maintenance of
(i)-(iii) monitoring equipment, reading test
results, appropriate actions
 (b)(2) Training updated at least every 3 years
 (b)(3) Written documentation of training
 (c)(2) Trained staff on site when child is present
(c)(3) Self-administration - written authorization
and under supervision of trained staff
 173. Equipment provided by parents
 174. (d)(1) Equipment labeled and inaccessible
 175. (d)(2) Signed agreement with parent regarding
 176. (d)(3) equipment, supplies, materials to be
discarded
 177. (e)(1) Authorized prescriber written order
 178. (e)(2) Written authorization from parent
 179. (e)(3) Testing results and actions taken –
documented and kept on file, ensure
parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

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

ADDITIONAL VIOLATION

180. - NA Consent Order/Negotiated Corrective
Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS
* Program due for partial at the
same time of full inspection.
During this inspection ratios and
supervision was maintained at
all times (Am) 5/7/20

Signature of OEC staff: Fil Montanys
Printed Name: Fil Montanys

Signature of person in charge: _____
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: 5/21/20 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff YMCA Matthews License # 16590 Date: 5/7/26

Observations/Corrections needed:

violations: Program not in compliance with:

- #35 (i) consultants when social service agreement doesn't have required duties per new regulations
- #35 (i)(2) visits when health consultant has only 1 documented visit this school year / needs quarterly review of injury + illnesses.

#49 menus when menu posted was for April 2026

#164 medication storage + labels when ~~is~~ (FM) 1 medication was not in original box with pharmacy label

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: [Signature]
(OEC Representative)

Print Name: Fi Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/7/26

Signature: _____

Print Name: Susie Markinsky
(Person in Charge)