

SCHOOL AGE ONLY INSPECTION FORM

INITIAL  UNANNOUNCED  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Woodruff Family YMCA Pumpkin Delight</u>	License Number: <u>70314</u>	Date of Inspection: <u>10/31/2021</u>	Time of Arrival: <u>1 PM</u>
Address: <u>24 Art St.</u>	Expiration Date: <u>8/31/2024</u>	Licensed Capacity: <u>73</u>	
Town: <u>Milford, CT. 06460-4317</u>	Telephone: <u>203-373-6501</u>	# of children present: <u>11</u>	# of staff present: <u>2</u>
Operator: <u>Central CT Coast YMCA</u>	Director: <u>Ryan Leworthy</u>	Head Teacher: <u>Barbara Kullberg</u>	
Email: <u>rlworthy@cccymca.org</u>	Summer Care: <u>Closed</u>		
Hours of Operation: <u>7 AM - 3 PM - 6 PM Monday-Friday</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>5-12 years</u>			

Licensure Procedures 19a-79-2a

- 1. Local Health Inspection Date: 3/29/2018
- Administration 19a-79-3a
- 2. New Staff-Employee Orientation
- 3. Annual Staff Policy Training
- 4. Documentation of Behavior M. Tech Discussed w/Parents
- 5. Notification of Change
- 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- 7. Daily Attendance Records: Children/Staff

Items Posted: Conspicuous/Accessible

- 8. License
- 9. Current Fire Marshal Certificate Date: 2/11/2020
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: N/A
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: \_\_\_\_\_ Results: \_\_\_\_\_

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 19. Designated Head Teacher/60%
- 20. Two Staff Present
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

Consultants

- 26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<u>over 1 yr</u>	<u>over 1 yr</u>
Health	<u>over 1 yr</u>	<u>over 1 yr</u>
Social Service	<u>over 1 yr</u>	<u>over 1 yr</u>
Dental	<u>N/A</u>	<u>N/A</u>
Dietitian	<u>N/A</u>	<u>N/A</u>

- 27. Logs/Visits Documented

Swimming: (Y/N)

- 28. Non-Swimmers Identified
- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

- 45. License Premise: Clean/Good Repair/Hazard Free
- 48. Sanitary Drinking Fountains/Disposable Cups  
Water Supply: Public Well
- 49. Lead Water Test (Y/N) Date: 7/19/2016  
Bacterial/Chemical Test (Y/N) Date: \_\_\_\_\_
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 53. Windows Protected to Prevent Falls
- 55. Overhead Doors Locking Devices/ Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temperature Comfortable
- 68. Portable Space Heaters
- 69. Building/Equipment: Sanitary/Hazard Free
- 71. Hot Water/Steam Pipes Protected
- 72. Working Phone on Each Level

Signature of OEC Representative:

Budget Hegrell

Print name: BUDGET HEGRELL

Written Corrective Action Plan

Due to OEC by: 11/4/2021

Signature of Person in Charge:

Barbara Kullberg

Print name: Barbara Kullberg

SCHOOL AGE ONLY INSPECTION FORM

Program Name: Woodruff Family YMCA Pumpkin Delight

License Number: 70314

Date of Inspection: 10/21/2021

Physical Plant continued:

- 73. Emergency Numbers Posted
- 75. Light Fixtures Shielded/Shatter Proof
- 76. Potentially Hazardous Substances Locked
- 77. Garbage/Rubbish Disposed Daily
- 78. Stairs Protected/Good Repair/Handrails
- 79. Pets: Maintained/Care Plan (Y/N)
- 80. Operable CO Detector on Each Level (Y/N)
- 81. Program Space/Adequate Sq. Ft. Per Child
- 84. Developmentally Appropriate Equipment/Materials
- 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
- 86. No Weapons/No Facsimile of a Firearm on Premise

Outdoor Space

- 87. Outdoor Space Adequate Sq. Ft. Per Child
- 88. Impact Absorbing Material under Equipment
- 89. Playground Free of Hazards
- 92. Equipment Anchored/Safely Arranged
- 93. Outdoor Playground Protected
- 94. Drinking Water Available/Accessible

Educational Requirements 19a-79-8a

- 95. Written Plan for Daily Program Available to Parents/Staff
- 96. Activity Choices: Developmentally Appropriate/Flexible/Meets Individual Needs  
Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up

Administration of Medications 19a-79-9a None enrolled

- 97. Written Policies/Procedures
- 98. Training Outline on file
- Nonprescription Topical Medications
- 99. Administration/Parent Permission/MAR
- 100. Labeling/Storage
- Oral/Topical/Inhalant/Injectable Medications
- 101. Med Trained Staff/Certificates
- 102. Authorized Prescriber/Parent Permission/MAR
- 103. Labeling/Storage
- 104. Unused/Expired Meds Returned/Disposed
- Self-Administration
- 105. Authorized Prescriber/Parent Permission/MAR
- 106. Labeling/Storage
- 107. Approved Petition For Special Med Authorization

Emergency Distribution of Potassium Iodide

- N/A  108. KI Pill Parent Permission/Storage

School Age Children Endorsement 19a-79-11

- 143. Approved Endorsement
- 144. Activity choices appropriate
- 145. Ratio: 1 Staff to 10 Children
- 146. Group Size: Max. 20 Children
- 147. Education Consultant Appropriate

Monitoring of Diabetes 19a-79-13 None enrolled

- 154. Written Policies/Procedures
- 155. On Site Staff Trained in First Aid/Glucose Testing
- 156. Training Current/Documented
- 157. Supervision of Self Administration
- 158. Equipment/Supplies: Labeled/Inaccessible
- 159. Signed Agreement w/Parent Regarding Equipment
- 160. Materials Discarded Appropriately
- 161. Authorized Prescriber/Parent Permission
- 162. Documentation of Test Results/Actions Taken
- 163. Daily Written Parent Notifications

Signature of OEC Representative

*[Signature]*

Print Name: BRIDGET L. MERRILL

Written Corrective Action Plan

Due to OEC by: 11/4/2021

Signature of Person in Charge

*[Signature]*

Print Name: Barbara Kullberg

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family YMCA Pumpkin Delight License # 20314 Date: 10/21/2021

Observations/Corrections needed:

- #1- observed local health inspection to be more than 2 years old- submit copy
- #5- observed no documentation of change in head teacher
- #15- observed no posted radon test
- #16- observed 2 expired staff physicals
- #17- observed no documentation of current professional development or annual policy/procedure review
- #19- observed no documentation of approved head teacher
- #24- observed no documentation of CER trained staff for all operating hours
- #26- observed all consultant agreements, except dental, to be more than 1 year old
- #27- observed all consultant policy/procedure reviews to be more than 1 year old
- #34- observed no pick up person, other than parents, for 1 child
- #49- observed lead water test to be more than 2 years old- submit copy
- #70- observed no operable CO detector
- 19a-71-3(a): observed no documentation of COVID vaccination or weekly testing with results for staff

\* CYK provider- emergency plans don't currently meet all federal requirements. Provider to develop/revise plans to meet all requirements

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: BARBET LEBER

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11/4/2021

Signature: [Signature]  
(Person in Charge)  
 Print Name: Barbara Kulberg