

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Valley Ymca School Age</u>	License Number: <u>16745</u>	Date of Inspection: <u>11/5/21</u>	Time of Arrival: <u>7:15</u>
Address: <u>59 Finney St</u>	Expiration Date: <u>8/31/25</u>	Licensed Capacity: <u>60</u>	
Town: <u>Ansonia</u>	Telephone: <u>(203) 732-5527</u>	# of children present: <u>7</u>	# of staff present: <u>2</u>
Operator: <u>Valley Ymca Central CT Coast Y</u>	Director: <u>Ryan Leeworthy</u>	Head Teacher: <u>Amelia Pomeroy</u>	
Email: <u>rleworthy@cccymca.org</u>	Summer Care: <u>closed</u>		
Hours of Operation: <u>7-8:45</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>5 to 12</u>			

Licensure Procedures 19a-79-2a

- 1. Local Health Inspection Date: 10/7/19
- 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: 9/18/19
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: _____
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: _____ Results: n/a

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		
Health		
Social Service		
Dental		
Dietitian		

- 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: n/a
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: Jaime Fortin

Print name: Jaime Fortin

Written Corrective Action Plan
Due to OEC by: 11/19/21

Signature of Person in Charge: Ryan Leeworthy

Print name: Ryan Leeworthy

SCHOOL AGE ONLY INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

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Signature of OEC Representative:

Jaime Fortin
Print name: Jaime Fortin

Written Corrective Action Plan

Due to OEC by: 11/19/21

Signature of Person in Charge:

Ryan Leeworthy
Print name: Ryan Leeworthy

SCHOOL AGE ONLY INSPECTION FORM

Program Name: <i>Valley Ymca Schoolage</i>	License Number: <i>16745</i>	Date of Inspection: <i>11/5/21</i>
<u>Physical Plant continued:</u> <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <u>Outdoor Space</u> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free of Hazards <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Playground Protected <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <u>Educational Requirements 19a-79-8a</u> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/> 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 <u>Administration of Medications 19a-79-9a</u> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <u>Nonprescription Topical Medications</u> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <u>Self-Administration</u> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization <u>Emergency Distribution of Potassium Iodide</u> <input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage	<u>School Age Children Endorsement 19a-79-11</u> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate <u>Monitoring of Diabetes 19a-79-13</u> <i>n/a</i> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications	

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Signature of OEC Representative
Jaime Fortin
 Print Name: Jaime Fortin

Written Corrective Action Plan
 Due to OEC by:
11/19/21

Signature of Person in Charge
Ryan Leckie
 Print Name: Ryan Leckie

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Valley Ymca Schoolage License # 16745 Date: 11/5/21

Observations/Corrections needed:

* 19a-79-3a: Provider failed to comply with the vaccine requirement in accordance with governor's Executive Order when 1 staff who was not fully vaccinated did not have documentation of weekly testing and 1 staff did not have signed declaration of authenticity.

Discussed: BCIS and Background Information; posted items to be moved to accessible place for parents.

- ① No documentation of current Local Health Inspection
- ② No documentation of 1 staff new orientation (Staff file not observed)

- ③ No documentation of annual policy review
- ④ Documentation of Behavior techniques does not state discussed

- ⑤ Staff not signing in/out daily
- ⑥ Fire Marshall Certificate not current
- ⑦ 1 staff physical not observed

- ⑧ Professional Development not current

* ⑨ No documentation of Head teacher on site

- ⑩ Per attendance record and staff conversation, only 1 staff present on 11/1/21 (Monday)

* ⑪ No documentation of Staff current in CPR

* ⑫ No documentation of Staff current in first aid

- ⑬ Consultant agreements not current

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: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11/19/21

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Valley Ymca School Age License # 16745 Date: 11/5/21

Observations/Corrections needed:

- (27) Consultant logs of annual policy review not observed
 - * (38) Care Plans not observed for both children with emergency medications in program
 - (44) First Aid kit missing updated 1st Aid Manual (with 5 years)
 - * (10) No documentation of staff trained in Administration of Oral, topical, inhaled or injectables. 2 ~~staff~~ ^{children} with epipens on site
- * items * require immediate attention

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Signature: *Jaime Fortin*
(OEC Representative)
 Print Name: Jaime Fortin
 Signature: *Ryan*
(Person in Charge)
 Print Name: Ryan

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11/19/21
(form located on website)