

SCHOOL AGE ONLY INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Stratford YMCA Extended Day Franklin School</u>	License Number: <u>14461</u>	Date of Inspection: <u>12/1/21</u>	Time of Arrival: <u>10AM</u>
Address: <u>1895 Barnum Ave.</u>	Expiration Date: <u>2/28/2025</u>	Licensed Capacity: <u>39</u>	
Town: <u>Stratford, CT 06114-5307</u>	Telephone: <u>203-375-5244</u>	# of children present: <u>0</u>	# of staff present: <u>2</u>
Operator: <u>Central CT Coast YMCA</u>	Director: <u>Deanna Bogen</u>	Head Teacher: <u>Cemely Ducasse / Deanna Bogen</u>	
Email: <u>dbogen@ccymca.org</u>	Summer Care: <u>Closed</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time	
Hours of Operation: <u>3:15PM - 6PM Monday-Friday</u>	Ages Served: <u>5-12 years</u>		

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: 12/1/2017

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: 3/20/21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: _____
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 1/29/10 Results: 1.3

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	N/A	N/A

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: _____
- 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:

[Signature]

Print name:

BUDGET L. HEARSH

Written Corrective Action Plan

Due to OEC by:

12/23/21

Signature of Person in Charge:

[Signature]

Print name:

Deanna Bogen

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stratford YMCA Extended Day Franklin School License # 14461 Date: 12/9/2021

Observations/Corrections needed:

#1- observed local health inspection to be more than 2 years old

#2- observed less than 8 inch of shock absorbing material under swings

#3- observed 1 swing to be ^{BLM} broken

* Program currently not operating. Program to be in full compliance prior to reopening. Inspection excluded staff/child records

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: BUDGET HEARN

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Deanna Bogen
(Person in Charge)

OEC BY: 12/23/2021

Print Name: Deanna Bogen