

**SCHOOL AGE ONLY INSPECTION FORM**

- INITIAL  UNANNOUNCED  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Woodruff Family YMCA Live Oaks</u>	License Number: <u>16587</u>	Date of Inspection: <u>10/22/2021</u>	Time of Arrival: <u>1:55 PM</u>
Address: <u>575 Merwin Ave.</u>	Expiration Date: <u>11/30/2020</u>	Licensed Capacity: <u>30</u>	
Town: <u>Milford, CT 06460</u>	Telephone: <u>203-878-5677</u>	# of children present: <u>16</u>	# of staff present: <u>2</u>
Operator: <u>Central CT Coast YMCA</u>	Director: <u>Ryan Leworthy</u>	Head Teacher: <u>Mark Germanese</u>	
Email: <u>rlworthy@cccymca.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>7 AM - 3:30 PM / 3 PM - 6 PM Monday-Friday</u>	Ages Served: <u>5-12 years</u>		

**Licensure Procedures 19a-79-2a**

1. Local Health Inspection Date: 10/13/2021

**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/Sta

**Items Posted: Conspicuous/Accessible**

8. License  
 9. Current Fire Marshal Certificate Date: 2/11/2020  
 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: \_\_\_\_\_

**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>overlyr</u>	<u>overlyr</u>
Health	<u>overlyr</u>	<u>overlyr</u>
Social Service	<u>overlyr</u>	<u>overlyr</u>
Dental	<u>✓</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: \_\_\_\_\_  
 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:

Brendet L. Merrill  
 Print name: BRENDET L. MERRILL


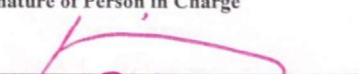
Written Corrective Action Plan

Due to OEC by: 11/5/2021

Signature of Person in Charge:

Susie Marklinsky  
 Print name: Susie Marklinsky

SCHOOL AGE ONLY INSPECTION FORM

Program Name: <i>Woodruff Family YMCA Live Oaks</i>		License Number: <i>16589</i>	Date of Inspection: <i>10/22/2021</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 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 type="checkbox"/> 101. Med Trained Staff/Certificates <input 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> <i>N/A</i> <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 <i>Noncontrolled</i></u> <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	
Signature of OEC Representative 	Written Corrective Action Plan Due to OEC by: <i>11/5/2021</i>	Signature of Person in Charge 	

Print Name: *BRIDGET L. MERRILL*

Print Name: *Susie Marklinsky*

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family YMCA Live Dates License # 16589 Date: 10/22/2021Observations/Corrections needed:

- ~~#1~~ - observed no documentation of change in head teacher
- ~~#10~~ - observed no posted OEC complaint procedure
- ~~#13~~ - observed no posted emergency plans
- ~~#15~~ - observed no posted radon test
- ~~#16~~ - observed no staff files with physicals or TB test with results on site
- ~~#17~~ - observed no current professional development or annual staff training on site
- ~~#19~~ - observed no OEC approved head teacher on site 60% of operating hours
- ~~#24~~ - observed no documentation of CPR trained staff on site
- ~~#25~~ - observed no documentation of first aid trained staff on site
- ~~#26~~ - observed all consultant agreements, except Dental, to be more than 1 year old
- ~~#27~~ - observed all consultant logs/annual policy review to be more than 1 year old
- ~~#34~~ - observed 2 children missing pick up person other than parents
- ~~#38~~ - observed 5 care plans without staff signatures and 1 Asthma care plan can't be followed as written as medication is not on site
- ~~#44~~ - observed no lead water test on site
- ~~#70~~ - observed no operable CO detector
- ~~#101~~ - observed no documentation of medication training for staff and medication for children is on site
- ~~#102~~ - observed 1 incomplete medication authorization
- XCHC provider - Emergency plans don't currently meet all federal requirements  
 Provider to revise/develop plans to meet all requirements
- 19c-75-3(a): observed no documentation of COVID vaccination, attestation statement or weekly testing

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: \_\_\_\_\_

Print Name: \_\_\_\_\_

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

OEC BY: \_\_\_\_\_

11/5/2021

(OEC Representative)

(Person in Charge)