

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302, Hartford, CT 06103
Phone 800-282-6063 Fax 860-326-0552
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>2/10/2022</u> Time of Arrival: <u>11AM</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>203-778-6501</u>	# of children present: <u>0</u> # of staff present: <u>1</u>
Operator: <u>Central CT Coast YMCA</u>	Director: <u>Susan Marklinske</u>	
Email: <u>Smarklinske@ccymca.org</u>	Head Teacher: <u>Nicole Servas</u>	
Hours of Operation: <u>7AM-3PM / 3PM-6PM Monday-Friday</u>	Summer Care: <u>Closed</u>	
Ages Served: <u>5-12 years</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time	

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: 1/11/2021

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: _____
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: _____
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 12/10/2018 Results: 0

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	✓	overlyr
Social Service	overlyr	overlyr
Dental	✓	N/A
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

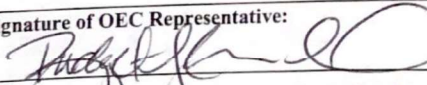
- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

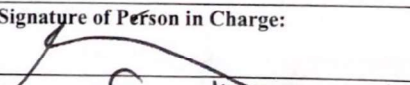
- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

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: _____
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: 
Print name: DEBORAH E. MERRILL

Written Corrective Action Plan
Due to OEC by:

Signature of Person in Charge: 
Print name: Suzie Marklinske

SCHOOL AGE ONLY INSPECTION FORM

Program Name: <i>Woodruff Family YMCA Pumpkin Delight</i>		License Number: <i>70314</i>	Date of Inspection: <i>2/10/2022</i>
<u>Physical Plant continued:</u> <input type="checkbox"/> 73. Emergency Numbers Posted <input type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input type="checkbox"/> 76. Potentially Hazardous Substances Locked <input type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <u>Outdoor Space</u> <input type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input type="checkbox"/> 88. Impact Absorbing Material under Equipment <input type="checkbox"/> 89. Playground Free of Hazards <input type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input type="checkbox"/> 93. Outdoor Playground Protected <input type="checkbox"/> 94. Drinking Water Available/Accessible <u>Educational Requirements 19a-79-8a</u> <input type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input 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 type="checkbox"/> 97. Written Policies/Procedures <input type="checkbox"/> 98. Training Outline on file <u>Nonprescription Topical Medications</u> <input type="checkbox"/> 99. Administration/Parent Permission/MAR <input 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 type="checkbox"/> 103. Labeling/Storage <input type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <u>Self-Administration</u> <input type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 106. Labeling/Storage <input type="checkbox"/> 107. Approved Petition For Special Med Authorization <u>Emergency Distribution of Potassium Iodide</u> <input type="checkbox"/> 108. KI Pill Parent Permission/Storage		<u>School Age Children Endorsement 19a-79-11</u> <input type="checkbox"/> 143. Approved Endorsement <input type="checkbox"/> 144. Activity choices appropriate <input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input type="checkbox"/> 146. Group Size: Max. 20 Children <input type="checkbox"/> 147. Education Consultant Appropriate <u>Monitoring of Diabetes 19a-79-13</u> <input type="checkbox"/> 154. Written Policies/Procedures <input type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input type="checkbox"/> 156. Training Current/Documented <input type="checkbox"/> 157. Supervision of Self Administration <input type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input type="checkbox"/> 160. Materials Discarded Appropriately <input type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input type="checkbox"/> 163. Daily Written Parent Notifications	
Signature of OEC Representative <i>[Signature]</i>		Written Corrective Action Plan Due to OEC by:	
Print Name: <i>Bridget L. Merrill</i>		Signature of Person in Charge <i>[Signature]</i>	
		Print Name: <i>Susie Markingh</i>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family YMCA Pumpkin Delight License # 70314 Date: 2/10/2022

Observations/Corrections needed:

- #16- observed 1 staff without current physical and TB test with result
- #17- observed no documentation of new employee orientation and professional development for 1 staff
- #26- observed social service consultant agreement to be more than 1 year old
- #27- observed no documentation of health consultant visit and health and social service consultant annual policy review is more than 1 year old
- #34- observed no documentation of pick up persons(s) other than parent for 1 child

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: BRIDGET L. HECKILL

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: _____

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