

SCHOOL AGE ONLY INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Woodruff Family Ymca Meadowside</u>	License Number: <u>16591</u>	Date of Inspection: <u>1/26/2022</u>	Time of Arrival: <u>11:50 AM</u>
Address: <u>80 Seemans Lane</u>	Expiration Date: <u>11/30/2024</u>	Licensed Capacity: <u>23</u>	
Town: <u>Middletown, CT 06460</u>	Telephone: <u>860-376-3474</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>Dicole Allen</u>	
Email: <u>mark.klinsky@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>7 AM - 3:30 PM / 5 PM - 6 PM Monday-Friday</u>	Ages Served: <u>5-12 years</u>		

Licensure Procedures 19a-79-2a

- 1. Local Health Inspection Date: 11/10/2021
- 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/Staff

Items Posted: Conspicuous/Accessible

- 8. License
- 9. Current Fire Marshal Certificate Date: 2/14/2020
- 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	✓	2019 ✓
Health	✓	2019
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

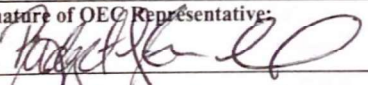
- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

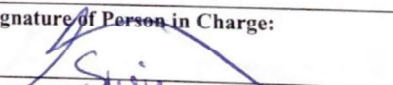
- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

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: 
Print name: BUDGET L. MERRILL

Written Corrective Action Plan
Due to OEC by: 2/9/2022

Signature of Person in Charge: 
Print name: Mark Klinsky

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodhuff Family YMCA Meadowside License # 16591 Date: 1/24/2022

Observations/Corrections needed:

- #16 - observed 2 expired staff physical and no documentation of T1 test with results for 2 staff and no documentation of physical for 1 staff
- #17 - observed no documentation of new employee orientation for 2 staff
- #23 - observed no documentation of designated Director
- #27 - observed no documentation of Health consultant visits since 2019
- #44 - observed first aid manual to be more than 5 years in print
- #102 - observed 2 expired Epi-Pen authorization forms and 1 expired Albuterol authorization form and 1 expired Benadryl authorization form
- 19a-79-3a(a): observed no documentation of attestation for COVID vaccination for 1 staff

* CYR provider - Emergency plans don't currently meet all federal requirements. Program/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: BUDGET J. HECKM

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/9/2022

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