

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Valley YMCA School Age</u>	License Number: <u>16684</u>	Date of Inspection: <u>3/15/22</u>	Time of arrival: <u>7:30</u>
Address: <u>75 Ford St</u>	Expiration Date: <u>3/31/25</u>	Licensed Capacity: <u>100</u>	
Town: <u>Ansonia</u>	Telephone: <u>203 521-1383</u>	# of children present: <u>7</u>	# of staff present: <u>2</u>
Operator: <u>CCC YMCA</u>	Director: <u>Ryan Leworthy</u>		
Email: <u>rleworthy@ccymca.org</u>	Head Teacher: <u>Felicia Beall</u>		
Hours of Operation: <u>7-9:00 2:15-6:00</u>	Summer Care: <u>Closed</u>		
Ages Served: <u>5 to 12</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: 2/2/22
- 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: 8/25/21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: _____
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: n/a 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	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	✓
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: 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: <u>Jaime Fortin</u>	Written Corrective Action Plan Due to OEC by: <u>3/29/22</u>	Signature of Person in Charge: <u>Markell Dobbs</u>
Name: <u>Jaime Fortin</u>		Print name: <u>Markell Dobbs</u>

SCHOOL AGE ONLY INSPECTION FORM

Program Name: <u>Valley YMCA</u>	License Number: <u>16684</u>	Date of Inspection: <u>3/15/22</u>
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- Physical Plant continued:
- 73. Emergency Numbers Posted
 - 75. Light Fixtures Shielded/Shatter Proof
 - 76. Potentially Hazardous Substances Locked
 - 77. Garbage/Rubbish Disposed Daily
 - 78. Stairs Protected/Good Repair/Handrails
 - 79. Pets: Maintained/Care Plan (Y/N)
 - 80. Operable CO Detector on Each Level (Y/N)
 - 81. Program Space/Adequate Sq. Ft. Per Child
 - 84. Developmentally Appropriate Equipment/Materials
 - 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
 - 86. No Weapons/No Facsimile of a Firearm on Premise

- Outdoor Space
- 87. Outdoor Space Adequate Sq. Ft. Per Child
 - 88. Impact Absorbing Material under Equipment
 - 89. Playground Free of Hazards
 - 92. Equipment Anchored/Safely Arranged
 - 93. Outdoor Playground Protected
 - 94. Drinking Water Available/Accessible

- Educational Requirements 19a-79-8a
- 95. Written Plan for Daily Program Available to Parents/Staff
 - 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

- Administration of Medications 19a-79-9a
- 97. Written Policies/Procedures
 - 98. Training Outline on file
 - Nonprescription Topical Medications
 - 99. Administration/Parent Permission/MAR
 - 100. Labeling/Storage
 - Oral/Topical/Inhalant/Injectable Medications
 - 101. Med Trained Staff/Certificates
 - 102. Authorized Prescriber/Parent Permission/MAR
 - 103. Labeling/Storage
 - 104. Unused/Expired Meds Returned/Disposed
 - Self-Administration
 - 105. Authorized Prescriber/Parent Permission/MAR
 - 106. Labeling/Storage
 - 107. Approved Petition For Special Med Authorization

- Emergency Distribution of Potassium Iodide
- 108. KI Pill Parent Permission/Storage

- School Age Children Endorsement 19a-79-11
- 143. Approved Endorsement
 - 144. Activity choices appropriate
 - 145. Ratio: 1 Staff to 10 Children
 - 146. Group Size: Max. 20 Children
 - 147. Education Consultant Appropriate

- Monitoring of Diabetes 19a-79-13 n/a
- 154. Written Policies/Procedures
 - 155. On Site Staff Trained in First Aid/Glucose Testing
 - 156. Training Current/Documented
 - 157. Supervision of Self Administration
 - 158. Equipment/Supplies: Labeled/Inaccessible
 - 159. Signed Agreement w/Parent Regarding Equipment
 - 160. Materials Discarded Appropriately
 - 161. Authorized Prescriber/Parent Permission
 - 162. Documentation of Test Results/Actions Taken
 - 163. Daily Written Parent Notifications

Signature of OEC Representative <u>James Fortin</u>	Written Corrective Action Plan Due to OEC by: <u>3/29/22</u>	Signature of Person in Charge <u>Markell Dobb</u>
Print Name: <u>James Fortin</u>		Print Name: <u>Markell Dobb</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Valley YMCA School Age License # 16684 Date: 3/15/22

Observations/Corrections needed:

- Care4Kids Program working on compliance for manmade disaster emergency plan -
- ① 1 child not signed in and both staff not signed in at inspection
- ② Menus not posted (1 week in advance)
- ③ 2 staff physicals not observed
- ④ Care Plans (4) not signed by all staff responsible of care of child
- ⑤ First Aid kit missing 2 ice packs and updated manual or current first aid chart.
- ⑥ No documentation of staff trained to administer Oral, topical + inhaled medications. (for afternoon children)
- ⑦ 1 Medication form expired, 1 form no start/end date.

Discussed! Morning activities (gym); Nurse documentation of quarterly visits; Parent Board to be moved to accessible spot

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

Signature: Markell
(Person in Charge)

OEC BY: 3/29/22

Print Name: Markell Dobbs