

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Chapman Y Latchkey Center</u>	License Number: <u>13981</u>	Date of Inspection: <u>3/17/22</u>	Time of Arrival: <u>2:05</u>
Address: <u>38 Country Club Road</u>	Expiration Date: <u>4/30/25</u>	Licensed Capacity: <u>69</u>	
Town: <u>Cheshire, CT 06410</u>	Telephone: <u>203-272-3154</u>	# of children present: <u>52</u>	# of staff present: <u>8</u>
Operator: <u>Southington Cheshire Comm YMCA</u>	Director: <u>Lisa Zaborowski</u>		
Email: <u>lzaborowski@scycymca.org</u>	Head Teacher: <u>Michelle Zumbo</u>		
Hours of Operation: <u>2:30 - 6:00</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: 9/9/21

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: 8/18/21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: ---
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 1/26/21 Results: .7 pCi/L

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	---	---

- 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

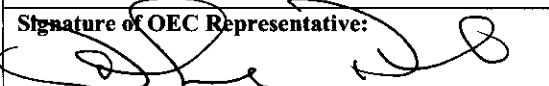
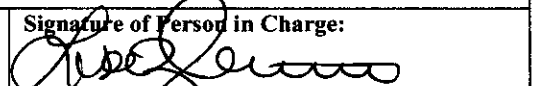
- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

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: 1/14/21
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: 	Written Corrective Action Plan Due to OEC by: <u>3/31/22</u>	Signature of Person in Charge: 
---	---	--

Print name: Johanne Dalo Print name: Lisa Zaborowski

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Chapman Latch Key Center License # 13981 Date: 3/17/22

Observations/Corrections needed:

- #19 Per attendance Head Teacher on site less than 60%
- #38 Observed a child with 3 care plans, 1 ~~is~~ care plan is not consistent with others (calls for benadryl). Observed 1 care plan not signed by all staff
- #102 Observed an incomplete authorized prescriber form

Discussion

→ 1 staff without employee orientation

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]

Print Name: Joyanne Dalo
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

Print Name: Lisa Zaborowski
(Person in Charge)

OEC BY: 3/31/22