

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Wallingford Family YMCA- Rock Hill</u>	License Number: <u>14182</u>	Date of Inspection: <u>3-30-20</u>	Time of Arrival: <u>7:01</u>
Address: <u>910 Old Rock Road</u>	Expiration Date: <u>3-31-25</u>	Licensed Capacity: <u>40</u>	
Town: <u>Wallingford, CT</u>	Telephone: <u>203-284-1562</u> <u>203-514-8255</u>	# of children present: <u>3</u>	# of staff present: <u>2</u>
Operator: <u>Young Mens Christian Association of Wallingford</u>	Director: <u>Emily Walter</u>	Head Teacher: <u>Catherine Librado</u>	
Email: <u>ewalter@wallingfordymca.org</u>	Summer Care: <u>Closed</u>		
Hours of Operation: <u>M-F 6:45-8:40, 3:00-6:00 pm</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>5 yrs- 9 yrs</u>			

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: 11-24-20

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: 9-1-21

10. OEC Complaint Procedure

11. Food Service Certificate Date: na

12. Menus

13. Emergency Plans

14. No Smoking Signs

15. Radon Test (Y/N) Date: na 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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: na
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>Jen Serra</u>	Written Corrective Action Plan Due to OEC by: <u>4/13/22</u>	Signature of Person in Charge: <u>Emily Walter</u>
Print name: <u>Jen Serra</u>		Print name: <u>Emily Walter</u>

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <i>Wallingsford YMCA - Rock Hill</i></p> <p>Physical Plant continued:</p> <ul style="list-style-type: none"> <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 checked="" 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 <p>Outdoor Space</p> <ul style="list-style-type: none"> <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 <p>Educational Requirements 19a-79-8a</p> <ul style="list-style-type: none"> <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 <p>Administration of Medications 19a-79-9a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" 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 <p>Self-Administration</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization <p>Emergency Distribution of Potassium Iodide</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage 	<p>License Number: <i>14182</i></p> <p>Date of Inspection: <i>3.30.22</i></p> <p>School Age Children Endorsement 19a-79-11</p> <ul style="list-style-type: none"> <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 <p>Monitoring of Diabetes 19a-79-13 <i>no child enrolled</i></p> <ul style="list-style-type: none"> <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
--	---

<p>Signature of OEC Representative <i>Jennifer Serra</i></p> <p>Print Name: <u><i>Jen Serra</i></u></p>	<p>Written Corrective Action Plan Due to OEC by: <i>4-13-22</i></p>	<p>Signature of Person in Charge <i>Emily Walter</i></p> <p>Print Name: <u><i>Emily Walter</i></u></p>
--	--	---

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wallingford Family YMCA - Rock Hill License # 14182 Date: 3.30.22

Observations/Corrections needed:

#4 observed 4/4 student files to not have documentation of behavior management techniques discussed with parents

#38 observed one care plan not signed by all staff responsible for the care of the child

#103 observed one medication (inhaler) not labeled, without prescription/pharmacy label

#104 observed one medication to be expired.

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: Jennifer Serra
(OEC Representative)

Print Name: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Emily Watter

OEC BY: 4.13.22

(Person in Charge)
Print Name: Emily Watter