

INITIAL     UNANNOUNCED FULL/PARTIAL     FOLLOW UP     LOCATION CHANGE     OTHER

|  |  |                                       |                              |
|--|--|---------------------------------------|------------------------------|
| Program Name: <b>YMCA SACC@Kelley School</b>     | License Number: <b>16358</b>   | Date of Inspection: <b>4/7/22</b>     | Time of Arrival: <b>2:15</b> |
| Address: <b>501 Ridgewood Rd</b>                 | Expiration Date: <b>3/31/25</b>  | Licensed Capacity: <b>67</b>          |                              |
| Town: <b>Southington, Ct 06489</b>               | Telephone: <b>860-628-7104</b>   | # of children present: <b>-</b>       | # of staff present: <b>-</b> |
| Operator: <b>Southington Cheswre Comm YMCA</b>   | Director: <b>Emily Snow</b>  | Head Teacher: <b>Reberah Najarian</b> |                              |
| Email: <b>esnow@scymca.org</b>                   | Summer Care: <b>Closed</b>   |                                       |                              |
| Hours of Operation: <b>6:30-9:00 / 3:00-6:00</b> | Instruction Codes:<br>√ = Compliance/No violation found    O = Non-compliance/Violation found<br>N/A = Not applicable at this time |                                       |                              |
| Ages Served: <b>5-12 years</b>                   |  |                                       |                              |

**Licensure Procedures 19a-79-2a**

1. Local Health Inspection Date: **1/27/22**

**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/Sta

**Items Posted: Conspicuous/Accessible**

- 8. License
- 9. Current Fire Marshal Certificate Date: **10/12/21**
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: **-**
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: **1/29/22** Results: **0.6 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: **1/13/22**  
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:

*Johanne Dalo*

Written Corrective Action Plan

Due to OEC by: **4/21/22**

Signature of Person in Charge:

*Emily Snow*

Print name: **Johanne Dalo**

Print name: **Emily Snow**

### SCHOOL AGE ONLY INSPECTION FORM

|  |                              |                                   |
|--|------------------------------|-----------------------------------|
| Program Name: <b>YMCA SACC @ Kelley School</b> | License Number: <b>16358</b> | Date of Inspection: <b>4/7/22</b> |
|--|------------------------------|-----------------------------------|

**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<sup>N</sup>)
- 80. Operable CO Detector on Each Level (Y<sup>N</sup>)
- 81. Program Space/Adequate Sq. Ft. Per Child
- 84. Developmentally Appropriate Equipment/Materials
- 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y<sup>N</sup>)
- 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** *No children*

- 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**

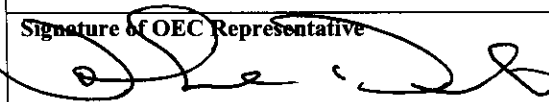
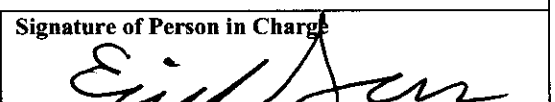
- 108. KI Pill Parent Permission/Storage

**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** *no children*

- 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<br> | Written Corrective Action Plan<br>Due to OEC by: <b>4/21/22</b> | Signature of Person in Charge<br> |
|---|---|--|

Print Name: Johanne Dalo

Print Name: Emily Snow

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA SACC@Kelley School License # 16358 Date: 4/7/22

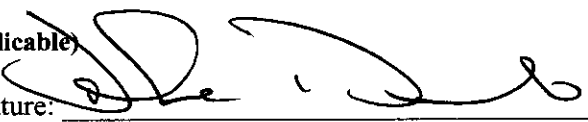
Observations/Corrections needed:

Program is not operating during this school year

#80 No CO detector not on site

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: 

Print Name: Johanne Dalo  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/21/22

Signature: 

Print Name: Emily Snow  
(Person in Charge)