

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>YMCA School's Out at Hammer</u>	License Number: <u>13499</u>	Date of Inspection: <u>4/25/22</u>	Time of Arrival: <u>3:30</u>
Address: <u>50 Francis St</u>	Expiration Date: <u>6/30/22</u>	Licensed Capacity: <u>60</u>	
Town: <u>Wethersfield CT 06109</u>	Telephone: <u>860-462-6209</u>	# of children present: <u>16</u>	# of staff present: <u>2</u>
Operator: <u>YMCA of Metropolitan Hartford Inc</u>	Director: <u>Sarah Appleby</u>		
Email: <u>sarah.appleby@ghymca.org</u>	Head Teacher: _____		
Hours of Operation: <u>7:00-8:35/3:25-6:00</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: 6/7/21

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: 1/14/22
 10. OEC Complaint Procedure
 11. Food Service Certificate Date: _____
 12. Menus
 13. Emergency Plans
 14. No Smoking Signs
 15. Radon Test (Y/N) Date: 12/20/07 Results: 0

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	<u>0</u>	
Health	<u>✓</u>	<u>✓</u>
Social Service	<u>✓</u>	
Dental		
Dietitian	<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: N/A
 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: [Signature]

Written Corrective Action Plan
Due to OEC by: 5/9/22

Signature of Person in Charge: [Signature]

Print name: Johanne Dalo

Print name: Emilie

Post for 30
Operating
Days

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <u>YMCA School's Out at Hammer</u></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 <u>No meds on site</u></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: <u>13499</u></p> <p>Date of Inspection: <u>4/25/22</u></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 <u>No children enrolled</u></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
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<p>Signature of OEC Representative</p>	<p>Written Corrective Action Plan Due to OEC by: <u>5/9/22</u></p>	<p>Signature of Person in Charge</p>
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Print Name: Johanne Dalb Print Name: Emilie Gray

SUPPLEMENTAL REPORT OF INSPECTION

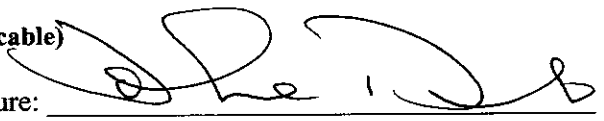
Name of Program/Provider: YMCA School's Out at Hammer. License # 13499 Date: 4/25/22

Observations/Corrections needed:

- #3 No documentation of annual staff policy training for 2 staff
- #19 Program has no Head teacher
- #26 Program has no Education Consultant agreement
- Ed consultant no longer work for program
- #5 Program changed their hours of operation. DEC was not notified.
- #34 1 Form does not have the name of one responsible person other than parent who can remove the child.

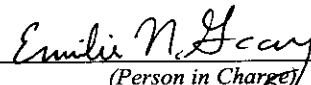
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 
(OEC Representative)
 Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/9/22

Signature: 
(Person in Charge)
 Print Name: Emilie Gray