

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

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| Program Name: <u>Menden YMCA B/A at Israel Putnam</u> | License Number: <u>70010</u> | Date of Inspection: <u>4/21/22</u> | Time of Arrival: <u>2:45</u> |
| Address: <u>133 Parker Ave</u> | Expiration Date: <u>8/31/23</u> | Licensed Capacity: <u>38</u> | Under 3 Capacity: <u>0</u> |
| Town: <u>Menden</u> | Telephone: <u>203-432-735</u> | # of children present: <u>35</u> | # of staff present: <u>4</u> |
| Operator: <u>Menden-New Britain - Berlin YMCA</u> | Director: <u>Amy Fitzgerald</u> | | |
| Email: <u>afitzgerald@mendenymca.org</u> | Head Teacher: <u>Bailey Haniewski</u> | | |
| Hours of Operation: <u>Mon-Fri 6:45-8:45 Am / 3:00pm</u> | Summer Care: <u>closed</u> | | |
| Ages Served: <u>5 years - 10 years</u> | Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found | | |
| Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input type="checkbox"/> Preschool (3y - 5y) | | <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up) | |

License Procedures 19a-79-2a

1. Local Health Date: 1/11/22

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: 8/27/21

10. OEC Complaint Procedure

11. Food Service Certificate Date: N/A

12. Menus

13. Emergency Plans

14. No Smoking Signs

N/A 15. Radon Test (Y/N) Date: _____ Results: _____

N/A 15a. Developmental Milestones

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

21. Ratio: 1 Staff to 10 Children

22. Group Size: Maximum 20 Children

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 | <input type="checkbox"/> | <input type="checkbox"/> |

27. Logs/Visits Documented

Swimming: (Y/N)

28. Non-Swimmers Identified

Swimming cont.

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

N/A 49. Lead Water Test Date: _____
Bacterial/Chemical Test (Y/N) Date: _____

50. Walkways Maintained

51. Designated Staff Toilet/Sink

N/A 52. All Openings for Ventilation Screened

53. Windows Protected to Prevent Falls

N/A 54. Glass Protected to 36"

55. Overhead Doors Locking Devices/Spring Protectors

56. Exits/Hallways and Stairs Unobstructed

N/A 57. Individual Storage of Clothing/Bedding

58. Smoking Prohibited

59. Matches/Lighters Inaccessible

N/A 60. Electrical Safety: Outlets/Cords

61. Toileting Needs Met

62. Required Toilets/Sinks/Supplies

N/A 63. Potty Chairs: Nonporous/Emptied/Disinfected

64. Hand Washing After Toileting: Staff/Children

65. Ventilation in Toilet Room

N/A 66. Air Temp 65°, Thermometer Affixed

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| Signature of OEC Representative: <u>Carlyne Delweto</u> | Written Corrective Action Plan Due to OEC by: <u>5-5-22</u> | Signature of Person in Charge: <u>Amy M Fitzgerald</u> |
|--|---|---|

Print name: Carlyne Delweto Print name: Amy M Fitzgerald

CHILD CARE CENTER/GROUP INSPECTION FORM

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| Program Name: Menden Ymca B/A @ Israel Putnam | License Number: 70010 | Date of Inspection: 4/21/22 |
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| <p>Physical Plant continued:</p> <p><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°</p> <p><input checked="" type="checkbox"/> 68. Portable Space Heaters</p> <p><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</p> <p><input checked="" type="checkbox"/> 70. Rugs Secure</p> <p><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</p> <p><input checked="" type="checkbox"/> 72. Working Phone on Each Level</p> <p><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</p> <p><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet</p> <p><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</p> <p><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</p> <p><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</p> <p><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</p> <p><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</p> <p><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</p> <p><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</p> <p><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</p> <p><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number</p> <p><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</p> <p><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</p> <p><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</p> <p>Outdoor Space</p> <p><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</p> <p><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</p> <p><input checked="" type="checkbox"/> 89. Playground Free from Hazards</p> <p><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)</p> <p><input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N)</p> <p><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</p> <p><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced</p> <p><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</p> <p>Educational Requirements 19a-79-8a</p> <p><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</p> <p><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> <p>Administration of Medications 19a-79-9a</p> <p><input checked="" type="checkbox"/> 97. Written Policies/Procedures</p> <p><input checked="" type="checkbox"/> 98. Training Outline on file</p> <p>Nonprescription Topical Medications</p> <p><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</p> <p><input checked="" type="checkbox"/> 100. Labeling/Storage</p> <p>Oral/Topical/Inhalant/Injectable Medications</p> <p><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</p> <p><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</p> <p><input checked="" type="checkbox"/> 103. Labeling/Storage</p> <p><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</p> <p>Self-Administration</p> <p><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</p> <p><input checked="" type="checkbox"/> 106. Labeling/Storage</p> <p><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</p> <p>Emergency Distribution of Potassium Iodide</p> <p><input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage</p> | <p>Under Three Endorsement 19a-79-10</p> <p><input checked="" type="checkbox"/> 109. Approved Endorsement</p> <p><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</p> <p><input checked="" type="checkbox"/> 111. Group Size no Larger than 8</p> <p><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</p> <p><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space</p> <p><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs</p> <p><input checked="" type="checkbox"/> 115. Washable Cots</p> <p><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray</p> <p><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</p> <p><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities</p> <p><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use</p> <p><input checked="" type="checkbox"/> 120. Washed/Disinfected</p> <p><input checked="" type="checkbox"/> 121. Disposable Paper Sheets</p> <p><input checked="" type="checkbox"/> 122. Covered Waste Receptacle</p> <p><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted</p> <p><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted</p> <p><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items</p> <p><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</p> <p><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</p> <p><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N</p> <p><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping</p> <p><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</p> <p><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</p> <p><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter</p> <p><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</p> <p><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits</p> <p><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time</p> <p><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent</p> <p><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded</p> <p><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</p> <p><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served</p> <p><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name</p> <p>Outdoor Play Space-Under Three:</p> <p><input checked="" type="checkbox"/> 141. Play Space Fenced</p> <p><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate</p> <p>School Age Children Endorsement 19a-79-11</p> <p><input checked="" type="checkbox"/> 143. Approved Endorsement</p> <p><input checked="" type="checkbox"/> 144. Activity choices appropriate</p> <p><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</p> <p><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</p> <p><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</p> <p>Night Care Endorsement 19a-79-12 (10pm-5am)</p> <p><input checked="" type="checkbox"/> 148. Approved Endorsement</p> <p><input checked="" type="checkbox"/> 149. Written Program Plan/Supervision</p> <p><input checked="" type="checkbox"/> 150. Staff Awake/Available</p> <p><input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</p> <p><input checked="" type="checkbox"/> 152. Individual Storage of Personal Items</p> <p><input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</p> <p>Monitoring of Diabetes 19a-79-13 none</p> <p><input checked="" type="checkbox"/> 154. Written Policies/Procedures</p> <p><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</p> <p><input checked="" type="checkbox"/> 156. Training Current/Documented</p> <p><input checked="" type="checkbox"/> 157. Supervision of Self Administration</p> <p><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</p> <p><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</p> <p><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</p> <p><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</p> <p><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</p> <p><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</p> |
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| Signature of OEC Representative Carolynne Deloreto | Written Corrective Action Plan Due to OEC by: S-S-22 | Signature of Person in Charge Amy M Fitzgerald |
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Print Name: Carolynne Deloreto Print Name: Amy M Fitzgerald

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Menden YMCA B/A @ Israel Putnam License # 70010 Date: 4/21/22

Observations/Corrections needed:

- #13 No documentation of annual staff training
- #27 observed no current log for 2021-2022 school year for health consultant
- #38 observed one epi pen with no care plan
- #44 observed incomplete indoor and outdoor first aid kits
- #102 observed 1 epi pen with authorization not signed by parent

Discussed

- CCDF training and emergency plan program accept care 4 kids
- BCIS

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: Cathy Deloreto
Print Name: Cathy Deloreto
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: S S-22

Signature: Amy Fitzgerald
Print Name: Amy M Fitzgerald
(Person in Charge)