

INITIAL  UNANNOUNCED FULL PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Wallingford YMCA Parker Farms School</u>	License Number: <u>13836</u>	Date of Inspection: <u>5/18/22</u>	Time of Arrival: <u>3:16</u>
Address: <u>30 Parker Farms Rd</u>	Expiration Date: <u>3-31-26</u>	Licensed Capacity: <u>40</u>	
Town: <u>Wallingford, CT 06492</u>	Telephone: <u>203-949-1501</u>	# of children present: <u>7</u>	# of staff present: <u>2</u>
Operator: <u>Young Mens Christian Association of Wallingford, Inc</u>	Director: <u>Emily Walter</u>	Head Teacher: <u>Garrett Stancuna</u>	
Email: <u>ewalter@wallingfordymca.org</u>	Summer Care: <u>closed</u>		
Hours of Operation: <u>M-F 6:45-8:50, 3:00-6:00pm</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>5-12 years</u>			

**Licensure Procedures 19a-79-2a**  
 1. Local Health Inspection Date: 11/8/18

**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: 9/13/21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: —
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: — 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	<u>na</u>	<u>na</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: 5/19/21  
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: <u>Gen Serre</u>	Written Corrective Action Plan Due to OEC by: <u>6/1/22</u>	Signature of Person in Charge: <u>Emily Walter</u>
Print name: <u>Gen Serre / Fil Montane</u>		Print name: <u>Emily Walter</u>

### SCHOOL AGE ONLY INSPECTION FORM

<b>Program Name:</b> <i>Wallingford YMCA Parker Farms School</i>		<b>License Number:</b> <i>13836</i>	<b>Date of Inspection:</b> <i>5.18.22</i>
<b>Physical Plant continued:</b> <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  <b>Outdoor Space</b> <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  <b>Educational Requirements 19a-79-8a</b> <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  <b>Administration of Medications 19a-79-9a</b> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <b>Nonprescription Topical Medications</b> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <b>Oral/Topical/Inhalant/Injectable Medications</b> <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 <b>Self-Administration</b> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage  <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization		<b>School Age Children Endorsement 19a-79-11</b> <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  <b>Monitoring of Diabetes 19a-79-13 <i>no child enrolled</i></b> <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	

<b>Signature of OEC Representative</b> <i>Jennifer Serra / Fil Montanyc</i>	<b>Written Corrective Action Plan</b> Due to OEC by: <i>6.1.22</i>	<b>Signature of Person in Charge</b> 
<b>Print Name:</b> <i>Jen Serra / Fil Montanyc</i>	<b>Print Name:</b> <i>Emily Walter</i>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wallingford YMCA Parker Farms School License # 13836 Date: 5/18/22

Observations/Corrections needed:

#1 Observed local health inspection to be more than 2 years old
#38 Observed one student health record to indicate an allergy and no care plan on site

#45 Observed program refrigerator to be unclean

Discussed

Current license not on site upon arrival, corrected during visit

Behavior management techniques document indicates presented to families, not discussed

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: Jennie Serra / Fil Montanye (OEC Representative) Print Name: Jen Serra / Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6-1-22

Signature: Emily Walter (Person in Charge) Print Name: Emily Walter