

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Stratford YMCA Extended Day Program</u>	License Number: <u>13036</u>	Date of Inspection: <u>6/30/2022</u>	Time of Arrival: <u>0559H</u>
Address: <u>8045 Main St.</u>	Expiration Date: <u>1/31/2026</u>	Licensed Capacity: <u>30</u>	Under 3 Capacity: <u>0</u>
Town: <u>Stratford, CT. 06104-4977</u>	Telephone: <u>203-375-5844</u>	# of children present: <u>14</u>	# of staff present: <u>3</u>
Operator: <u>Central CT Coast YMCA</u>	Director: <u>Deanna Bogen</u>	Head Teacher: <u>Deanna Bogen/Melissa Daskam</u>	Summer Care: <u>Open</u>
Email: <u>dbogen@ccymca.org</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Hours of Operation: <u>6:45AM - 6 PM Monday-Friday</u>	Ages Served: <u>3-12 years</u>		
Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			
Licensure Procedures 19a-79-2a <input checked="" type="checkbox"/> 1. Local Health Date: <u>1/14/2020</u> Administration 19a-79-3a <input checked="" type="checkbox"/> 2. New Staff-Employee Orientation <input checked="" type="checkbox"/> 3. Annual Staff Policy Training <input checked="" type="checkbox"/> 4. Documentation of Behavior M. Tech Discussed w/Parents <input checked="" type="checkbox"/> 5. Notification of Change <input checked="" type="checkbox"/> 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy <input checked="" type="checkbox"/> 7. Daily Attendance Records: Children/Staff Items Posted: Conspicuous/Accessible <input checked="" type="checkbox"/> 8. License <input checked="" type="checkbox"/> 9. Current Fire Marshal Certificate Date: <u>6/2/2022</u> <input checked="" type="checkbox"/> 10. OEC Complaint Procedure <input type="checkbox"/> 11. Food Service Certificate Date: _____ <input type="checkbox"/> 12. Menus <input checked="" type="checkbox"/> 13. Emergency Plans <input checked="" type="checkbox"/> 14. No Smoking Signs <input checked="" type="checkbox"/> 15. Radon Test (Y/N) Date: <u>2/17/2004</u> Results: <u>0.5</u> <input checked="" type="checkbox"/> 15a. Developmental Milestones Staffing 19a-79-4a <input checked="" type="checkbox"/> 16. Staff Health Records/TB Tests <input checked="" type="checkbox"/> 17. Professional Development <input checked="" type="checkbox"/> 18. Disciplinary Actions <input checked="" type="checkbox"/> 19. Designated Head Teacher/60% <input checked="" type="checkbox"/> 20. Two Staff Present <input checked="" type="checkbox"/> 21. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 22. Group Size: Maximum 20 Children <input checked="" type="checkbox"/> 23. Designated Director/Training <input checked="" type="checkbox"/> 24. CPR Certified Staff <input checked="" type="checkbox"/> 25. First Aid Trained Staff Consultants <input checked="" type="checkbox"/> 26. Agreements/Contracts (Complete/Signed Annually)		Swimming cont. <input checked="" type="checkbox"/> 29. Staff/Child Ratios <input checked="" type="checkbox"/> 30. CPR Certified Staff (20 years of age) <input checked="" type="checkbox"/> 31. Lifeguard Certified/Supervision Record Keeping 19a-79-5a <input checked="" type="checkbox"/> 32. Enrollment Information <input checked="" type="checkbox"/> 33. Emergency Medical Permission <input checked="" type="checkbox"/> 34. Authorized Released Permission <input checked="" type="checkbox"/> 35. Field Trip Permission <input checked="" type="checkbox"/> 36. Transportation Permission <input checked="" type="checkbox"/> 37. Child Health Records/Immunizations/TB <input checked="" type="checkbox"/> 38. Individual Care Plan (Signed by Parent/Staff) <input checked="" type="checkbox"/> 39. Injury/Illness/Accident Reports Health and Safety 19a-79-6a <input checked="" type="checkbox"/> 40. Nutritious Snacks/Meals (Required Food Groups) <input checked="" type="checkbox"/> 41. Proper Refrigeration <input checked="" type="checkbox"/> 42. Kitchen Separated <input checked="" type="checkbox"/> 43. Hand Washing Before Eating/Food Handling <input checked="" type="checkbox"/> 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory Physical Plant 19a-79-7a <input checked="" type="checkbox"/> 45. License Premise: Clean/Good Repair/Hazard Free <input checked="" type="checkbox"/> 48. Sanitary Drinking Fountains/Disposable Cups Water Supply: <u>Public</u> Well <input checked="" type="checkbox"/> 49. Lead Water Test Date: <u>11/15/2021</u> Bacterial/Chemical Test (Y/N) Date: _____ <input checked="" type="checkbox"/> 50. Walkways Maintained <input checked="" type="checkbox"/> 51. Designated Staff Toilet/Sink <input checked="" type="checkbox"/> 52. All Openings for Ventilation Screened <input checked="" type="checkbox"/> 53. Windows Protected to Prevent Falls <input checked="" type="checkbox"/> 54. Glass Protected to 36" <input checked="" type="checkbox"/> 55. Overhead Doors Locking Devices/Spring Protectors <input checked="" type="checkbox"/> 56. Exits/Hallways and Stairs Unobstructed <input checked="" type="checkbox"/> 57. Individual Storage of Clothing/Bedding <input checked="" type="checkbox"/> 58. Smoking Prohibited <input checked="" type="checkbox"/> 59. Matches/Lighters Inaccessible <input checked="" type="checkbox"/> 60. Electrical Safety: Outlets/Cords <input checked="" type="checkbox"/> 61. Toileting Needs Met <input checked="" type="checkbox"/> 62. Required Toilets/Sinks/Supplies <input checked="" type="checkbox"/> 63. Potty Chairs: Nonporous/Emptied/Disinfected <input checked="" type="checkbox"/> 64. Hand Washing After Toileting: Staff/Children <input checked="" type="checkbox"/> 65. Ventilation in Toilet Room <input checked="" type="checkbox"/> 66. Air Temp 65°, Thermometer Affixed	

	Contracts	Logs
Education	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	✓
Dietitian	N/A	N/A

Signature of OEC Representative: [Signature]
 Print name: BRIDGET L. MERILL

Written Corrective Action Plan Due to OEC by: 7/13/2022

Signature of Person in Charge: [Signature]
 Print name: Melissa Bernard

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <i>Stratford YMCA Extended Day Program</i></p> <p>Physical Plant continued:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 67. Water Temperature 60°-115° <input checked="" type="checkbox"/> 68. Portable Space Heaters <input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input checked="" type="checkbox"/> 70. Rugs Secure <input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/> 72. Working Phone on Each Level <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <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"/> 82. Equipment: Good Repair/Safe/Non-toxic <input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <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 from Hazards <input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N) <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <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 <p>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> <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 Pills Parent Permission/Storage 	<p>License Number: <i>13036</i></p> <p>Date of Inspection: <i>6/30/2022</i></p> <p>Under Three Endorsement 19a-79-10</p> <ul style="list-style-type: none"> <input type="checkbox"/> 109. Approved Endorsement <input type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input type="checkbox"/> 111. Group Size no Larger than 8 <input type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input type="checkbox"/> 113. Adequate Sinks in Program Space <input type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input type="checkbox"/> 115. Washable Cots <input type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input type="checkbox"/> 120. Washed/Disinfected <input type="checkbox"/> 121. Disposable Paper Sheets <input type="checkbox"/> 122. Covered Waste Receptacle <input type="checkbox"/> 123. Diaper Changing Policy Posted <input type="checkbox"/> 124. Hand Washing Policy Posted <input type="checkbox"/> 125. Individual Storage of Personal Items <input type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N <input type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input type="checkbox"/> 134. Health Consultant/Documentation of Visits <input type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input type="checkbox"/> 137. Unused Portions of Liquids Discarded <input type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <p>Outdoor Play Space-Under Three:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 141. Play Space Fenced <input type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <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>Night Care Endorsement 19a-79-12 (10pm-5am)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Program Plan/Supervision <input type="checkbox"/> 150. Staff Awake/Available <input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input type="checkbox"/> 152. Individual Storage of Personal Items <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <p>Monitoring of Diabetes 19a-79-13 <i>None 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>[Signature]</i></p> <p>Print Name: <i>BRIDGET L HEARIN</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>7/13/2022</i></p>	<p>Signature of Person in Charge <i>[Signature]</i></p> <p>Print Name: <i>Melissa [unclear]</i></p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stratford YMCA Extended Day Program License # 13036 Date: 6/30/2022

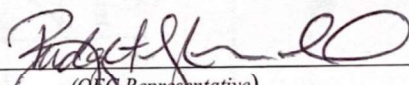
Observations/Corrections needed:

- #1- observed local health inspection to be more than 2 years old - submit copy
- #67- observed hot water temperature in boys bathroom at 119.2
- #93- observed fencing less than 4 feet tall next to multicolored plastic play
scape

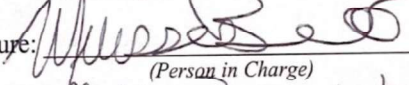
* Discussed BCIS and CYK emergency plans

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: BRIDGET HERRING

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 
(Person in Charge)
 Print Name: Melissa Snow

OEC BY: 7/13/2022