

INITIAL     UNANNOUNCED FULL/PARTIAL     FOLLOW UP     LOCATION CHANGE     OTHER

Program Name: <u>School Age Child Care Program @ Beck Lodge</u>	License Number: <u>Pending</u>	Date of Inspection: <u>8/22/22</u>	Time of Arrival: <u>9:45am</u>
Address: <u>14 Allen Raymond Lane</u>	Expiration Date: <u>Pending</u>	Licensed Capacity: <u>Pending</u>	
Town: <u>Westport</u>	Telephone: <u>203-226-8981</u>	# of children present: <u>0</u>	# of staff present: <u>1</u>
Operator: <u>Westport/Weston Family YMCA Foundation INC</u>	Director: <u>Kathleen Giglio</u>		
Email: <u>Kgiglio@westport-ymca.org</u>	Head Teacher: <u>Emily Regan</u>		
Hours of Operation: <u>m-F 3pm-6pm</u>	Summer Care: <u>Closed</u>		
Ages Served: <u>5-11 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: \_\_\_\_\_

**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: 4-18-22
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: NA
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 4-11-22 Results: 0.3
- 15a. Developmental Milestones

**Staffing 19a-79-4a**

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 18b. Background Checks
- 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: 4-12-22  
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:

Cathy Anderson  
Print Name: Cathy Anderson

Written Corrective Action Plan

Due to OEC by:  
prior to approval

Signature of Person in Charge:

Kathleen Giglio  
Print Name: Kathleen Giglio

SCHOOL AGE ONLY INSPECTION FORM

<b>Program Name:</b> <i>School Age Child Core Program (2)</i> <i>Beck Lodge</i>	<b>License Number:</b> <i>Pending</i>	<b>Date of Inspection:</b> <i>8-22-22</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</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>Cathy Andersen</i>	<b>Written Corrective Action Plan Due to OEC by:</b> <i>prax to approval</i>	<b>Signature of Person in Charge</b> <i>KR Giglio</i>
<b>Print Name:</b> <u>Cathy Andersen</u>	<b>Print Name:</b> <u>Kathleen Giglio</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: School Age Child Care Program @ Bear Lodge License # Pending Date: 8-22-22

Observations/Corrections needed:

- All items on the inspection form that is checked were either in compliance or discussed during the inspection

Corrections

1- Program failed to have a local Health inspection (send copy)

45- room 1- fireplace tools accessible to children

89- Program would like to use:

Giant Slides - need Supervision Plan

Ropes - need Supervision plan and inspection

Discussed

Group Size, ratio and Supervision

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 Anderson  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: M. Maffio  
(Person in Charge)

OEC BY: PNW to approval

SQUARE FOOTAGE REPORT

School Age Child Care Program  
Beck Lodge  
(Name of Program)

Pending  
(License Number)

8-22-22  
(Date of Measurements)

**INDOOR SPACE**

Room: 1 : (2183 x 33.50) + ( ) + ( ) + ( ) = 731.31  
(Name/Number)

Totals 731.31 Minus

Under 3  
YES/NO YES Deduction: (11.42 x 10.67) + ( ) + ( ) + ( ) = 121.85  
Totals 121.85  
Description fire place

Total 609.46 ÷ 35/30 = 17 OK for 17 max children

Room: 2 : (33.33 x 18) + (39.50 x 13) + (4.25 x 11.25) + (4.33 x 11.42) = 1,210.7  
(Name/Number)

Totals 599.94 513.5 47.81 49.45 Minus

Under 3  
YES/NO YES Deduction: (1 x 0.58) + ( ) + ( ) + ( ) = 1.16  
Totals 1.16  
Description columns (x2)

Total 1,209.54 ÷ 35/30 = 34 OK for 34 max children

Room: \_\_\_\_\_ : ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_  
(Name/Number)

Totals \_\_\_\_\_ Minus

Under 3  
YES/NO \_\_\_\_\_ Deduction: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_  
Totals \_\_\_\_\_  
Description \_\_\_\_\_

Total \_\_\_\_\_ ÷ 35/30 = \_\_\_\_\_ OK for \_\_\_\_\_ children

Room: \_\_\_\_\_ : ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_  
(Name/Number)

Totals \_\_\_\_\_ Minus

Under 3  
YES/NO \_\_\_\_\_ Deduction: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_  
Totals \_\_\_\_\_  
Description \_\_\_\_\_

Total \_\_\_\_\_ ÷ 35/30 = \_\_\_\_\_ OK for \_\_\_\_\_ children

Express the figure as whole number by rounding decimals down.

### SQUARE FOOTAGE REPORT

Schoolage Child Care Program @ Beck Lodge  
(Name of Program)

(Not counted in capacity), Pending  
(License Number)

8-22-22  
(Date of Measurements)

**ACTIVITY ROOM (Not counted in capacity)**

Room: \_\_\_\_\_ : ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_  
(Name/Number) Totals \_\_\_\_\_ Minus \_\_\_\_\_

Under 3 YES/NO/BOTH Deduction: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_  
Totals \_\_\_\_\_  
Description \_\_\_\_\_

Total \_\_\_\_\_ ÷ 35/30 = \_\_\_\_\_ OK for \_\_\_\_\_ children

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Room: \_\_\_\_\_ : ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_  
(Name/Number) Totals \_\_\_\_\_ Minus \_\_\_\_\_

Under 3 YES/NO/BOTH Deduction: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_  
Totals \_\_\_\_\_  
Description \_\_\_\_\_

Total \_\_\_\_\_ ÷ 35/30 = \_\_\_\_\_ OK for \_\_\_\_\_ children

**OUTDOOR SPACE (Not counted in capacity)**

Playground 1: ( 71 x 99 ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = 7,029 ÷ 75 = 93  
Under 3 YES/NO/BOTH Totals: 7,029 OK for 93 children  
(51) licensed for

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Playground 2: ( 63 x 42 ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_ ÷ 75 = 2,646  
Under 3 YES/NO/BOTH Totals: 2,646 OK for 35 children

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Playground 3: ( 100 x 100 ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_ ÷ 75 = 10,000  
Under 3 YES/NO/BOTH Totals: 10,000 OK for 133 children  
(51) licensed for

Field, Basketball hoops, picnic area, slides, rock wall and ropes

Express the figure as whole number by rounding decimals down.

\*Total of toilets for children: 3 Exclusive use for staff 1  
\*Total of sinks for children: 3

 TOTAL CAPACITY 51 INCLUDING 0 UNDER THE AGE OF 3

\* 1 toilet and 1 sink for every 16 children (For programs serving children under 6 years of age)  
\* 1 toilet and 1 sink for every 25 children (For programs serving school age ONLY)