

☐ INITIAL ☒ UNANNOUNCED ☒ FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: YMCA Roaring Brook SACD	License Number: 70126	Date of Inspection: 11/17/22	Time of Arrival: 3:00
Address: 30 Old Wheeler Ln	Expiration Date: 8/31/25	Licensed Capacity: 40	
Town: Avon	Telephone: (860) 944-4783	# of children present: 14	# of staff present: 3
Operator: YMCA of Metropolitan Hartford Inc.	Director: Audrey Greery EW	Head Teacher: Amanda Fox	
Email: audrey.greery@ghymca.org	Summer Care: closed		
Hours of Operation: Mon-Fri 7-8:45 am / 3:25-6pm			
Ages Served: 5-12 years			
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: **11/23/21**

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/Sta

Items Posted: Conspicuous/Accessible

- ☒ 8. License
- ☒ 9. Current Fire Marshal Certificate Date: **8/22/22**
- ☒ 10. OEC Complaint Procedure
- ☒ 11. Food Service Certificate Date: **n/a**
- ☒ 12. Menus
- ☒ 13. Emergency Plans
- ☒ 14. No Smoking Signs
- ☒ 15. Radon Test (Y/N) Date: **n/a** Results: _____
- ☒ 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	☒	☒
Health	☒	☒
Social Service	☒	☒
Dental	☒	☒
Dietitian	n/a	n/a

☒ 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:

Erin Wraight

Print Name: **Erin Wraight**

Written Corrective Action Plan

Due to OEC by:

12/1/22

Signature of Person in Charge:

Amanda Fox

Print Name: **Amanda Fox**

SCHOOL AGE ONLY INSPECTION FORM

Program Name:

YMCA Roaring Brook SACD

License Number:

70126

Date of

Inspection:

11/17/22

Physical Plant continued:

- ☒ 73. Emergency Numbers Posted
- ☒ 75. Light Fixtures Shielded/Shatter Proof
- ☒ 76. Potentially Hazardous Substances Locked
- ☒ 77. Garbage/Rubbish Disposed Daily
- ☒ 78. Stairs Protected/Good Repair/Handrails
- ☒ 79. Pets: Maintained/Care Plan (Y/N)
- ☒ 80. Operable CO Detector on Each Level (Y/N)
- ☒ 81. Program Space/Adequate Sq. Ft. Per Child
- ☒ 84. Developmentally Appropriate Equipment/Materials
- ☒ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
- ☒ 86. No Weapons/No Facsimile of a Firearm on Premise

Outdoor Space

- ☒ 87. Outdoor Space Adequate Sq. Ft. Per Child
- ☒ 88. Impact Absorbing Material under Equipment
- ☒ 89. Playground Free of Hazards
- ☒ 92. Equipment Anchored/Safely Arranged
- ☒ 93. Outdoor Playground Protected
- ☒ 94. Drinking Water Available/Accessible

Educational Requirements 19a-79-8a

- ☒ 95. Written Plan for Daily Program Available to Parents/Staff
- ☒ 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

Administration of Medications 19a-79-9a

- ☒ 97. Written Policies/Procedures
- ☒ 98. Training Outline on file
- Nonprescription Topical Medications
- ☒ 99. Administration/Parent Permission/MAR
- ☒ 100. Labeling/Storage
- Oral/Topical/Inhalant/Injectable Medications
- ☒ 101. Med Trained Staff/Certificates
- ☒ 102. Authorized Prescriber/Parent Permission/MAR
- ☒ 103. Labeling/Storage
- ☒ 104. Unused/Expired Meds Returned/Disposed
- Self-Administration
- ☒ 105. Authorized Prescriber/Parent Permission/MAR
- ☒ 106. Labeling/Storage
- ☒ 107. Approved Petition For Special Med Authorization

Emergency Distribution of Potassium Iodide

- ☒ 108. KI Pill Parent Permission/Storage

School Age Children Endorsement 19a-79-11

- ☒ 143. Approved Endorsement
- ☒ 144. Activity choices appropriate
- ☒ 145. Ratio: 1 Staff to 10 Children
- ☒ 146. Group Size: Max. 20 Children
- ☒ 147. Education Consultant Appropriate

Monitoring of Diabetes 19a-79-13 No children enrolled

- ☒ 154. Written Policies/Procedures
- ☒ 155. On Site Staff Trained in First Aid/Glucose Testing
- ☒ 156. Training Current/Documented
- ☒ 157. Supervision of Self Administration
- ☒ 158. Equipment/Supplies: Labeled/Inaccessible
- ☒ 159. Signed Agreement w/Parent Regarding Equipment
- ☒ 160. Materials Discarded Appropriately
- ☒ 161. Authorized Prescriber/Parent Permission
- ☒ 162. Documentation of Test Results/Actions Taken
- ☒ 163. Daily Written Parent Notifications

Signature of OEC Representative

Erin Wraight

Written Corrective Action Plan
Due to OEC by:

12/1/22

Signature of Person in Charge

Amanda Fox

Print Name: Erin Wraight

Print Name: Amanda Fox

SUPPLEMENTAL REPORT OF INSPECTION

PAGE 3

Name of Program/Provider: YMCA Roaring Brook SCD License # 70126 Date: 11/17/22

Observations/Corrections needed:

23. Program does not have a designated Director

37. 1 child without immunizations on file

Discussed: date error on 1 medication authorization

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: Eirumaint
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/1/22

Signature: Amun
(Person in Charge)