

Post for 30  
Operating  
Days

Connecticut Office of Early Childhood  
450 Columbus Boulevard, Suite 302, Hartford, CT 06103  
Phone 800-282-6063 Fax 860-326-0552  
**SCHOOL AGE ONLY INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <b>YMCA School's Out at Emerson - Williams School</b>	License Number: <b>13436</b>	Date of Inspection: <b>11/9/22</b>	Time of Arrival: <b>2:45</b>
Address: <b>461 Wells Rd</b>	Expiration Date: <b>2/28/26</b>	Licensed Capacity: <b>60</b>	
Town: <b>Wethersfield, CT 06109</b>	Telephone: <b>860-462-6209</b>	# of children present: <b>18</b>	# of staff present: <b>2+</b>
Operator: <b>YMCA of Metropolitan Hartford Inc.</b>	Director: <b>Sarah Appleby</b>	Head Teacher: <b>Angela Scott</b>	
Email: <b>sarah.appleby@ghymca.org</b>	Summer Care: <b>Closed</b>		
Hours of Operation: <b>7:00am-8:00am / 2:30pm-6:00pm</b>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <b>5-12 years</b>			

**Licensure Procedures 19a-79-2a**

- 1. Local Health Inspection Date: **6/7/21**

**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/Staff

**Items Posted: Conspicuous/Accessible**

- 8. License
- 9. Current Fire Marshal Certificate Date: **11/12/21**
- 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: **---**
- 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	0	✓
Dietitian	---	---

- 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: **---**  
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


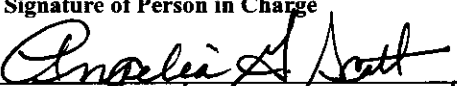
Signature of OEC Representative: *[Signature]*  
Print Name: **Johanne Dalo**

Written Corrective Action Plan  
Due to OEC by:  
**End of day today for 800**  
**11/23/22**

Signature of Person in Charge: *[Signature]*  
Print Name: **Angela Scott**

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## SCHOOL AGE ONLY INSPECTION FORM

Program Name: <b>YMCA School's Out at EMMANUEL - WILLAMA SCHOOL</b>	License Number: <b>13436</b>	Date of Inspection: <b>11/9/22</b>
<u>Physical Plant continued:</u> <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  <u>Outdoor Space</u> <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  <u>Educational Requirements 19a-79-8a</u> <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  <u>Administration of Medications 19a-79-9a</u> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <u>Nonprescription Topical Medications</u> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <u>Self-Administration</u> <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	<u>School Age Children Endorsement 19a-79-11</u> <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  <u>Monitoring of Diabetes 19a-79-13</u> <i>No children enrolled</i> <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	
Signature of ORC Representative 	Written Corrective Action Plan Due to OEC by: <i>End of day today for 180</i> <i>11/23/22</i>	Signature of Person in Charge 
Print Name: <u>Johanne Dato</u>	Print Name: <u>Angelia G. Scott</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA School's Out at Emerson-Williams School License # 13436 Date: 11/9/22

Observations/Corrections needed:


- #5 Program has a new director, DEC was not notified
- #16 Observed 1 staff without health records and TB test
- #18b Observed 1 staff without background checks and staff is working with children.  
→ Needs to be addressed immediately
- #26 Dental consultant agreement not current (dated 8/13/21)
- #103 Observed Motrin in backpack not locked.

Discussion:

→ Observed 2 children's enrollment form without date of enrollment.

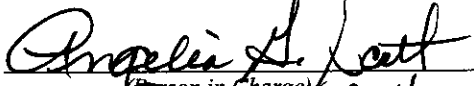
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 

Johanne Palo (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:   
Person in Charge  
Angelia G. Scott

OEC BY: End of day today for 18b 11/23/22