

SCHOOL AGE ONLY INSPECTION FORM

☐ INITIAL ☒ ~~UNANNOUNCED~~ (FULL) PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: <u>Green Knoll Children's Center</u>	License Number: <u>12730</u>	Date of Inspection: <u>1/4/12</u> Time of Arrival: <u>2:00</u>
Address: <u>2 Huckleberry Hill Rd.</u>	Expiration Date: <u>7/31/25</u>	Licensed Capacity: <u>23</u>
Town: <u>Brookfield, CT 06804</u>	Telephone: <u>203-775-4444</u>	# of children present: <u>0</u> # of staff present: <u>1</u>
Operator: <u>Regional YMCA of Western CT</u>	Director: <u>Sean Turner</u>	
Email: <u>sturner@regionalymca.org</u>	Head Teacher: <u>Sean Turner</u>	
Hours of Operation: <u>M-F 2:30-6:00 pm</u>	Summer Care: <u>Closed</u>	
Ages Served: <u>9-12y.o.</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: 2/22/22

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: 9/19/22
☒ 10. OEC Complaint Procedure
☒ 11. Food Service Certificate Date: —
☒ 12. Menus
☒ 13. Emergency Plans
☒ 14. No Smoking Signs
☒ 15. Radon Test (Y/N) Date: 12/22/05 Results: 1.9
☒ 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	☒	☒

- ☒ 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/WCI
☒ 49. Lead Water Test (Y/N) Date: 6/14/22
Bacterial/Chemical Test (Y/N) Date: 6/14/22
☒ 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:

Print Name: Kristi Morgan

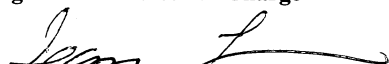
Written Corrective Action Plan

Due to OEC by:
1/23/23

Signature of Person in Charge:

Print Name: Sean Turner

SCHOOL AGE ONLY INSPECTION FORM

Program Name: <u>Green Knoll Children's Center</u>		License Number: <u>12730</u>	Date of Inspection: <u>11/9/23</u>
<u>Physical Plant continued:</u> ☒ 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 <u>Outdoor Space</u> ☒ 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 <u>Educational Requirements 19a-79-8a</u> ☒ 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 <u>Administration of Medications 19a-79-9a</u> ☒ 97. Written Policies/Procedures ☒ 98. Training Outline on file <u>Nonprescription Topical Medications</u> ☐ 99. Administration/Parent Permission/MAR ☐ 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> ☒ 101. Med Trained Staff/Certificates ☒ 102. Authorized Prescriber/Parent Permission/MAR ☒ 103. Labeling/Storage ☒ 104. Unused/Expired Meds Returned/Disposed <u>Self-Administration</u> ☒ 105. Authorized Prescriber/Parent Permission/MAR ☒ 106. Labeling/Storage ☒ 107. Approved Petition For Special Med Authorization		<u>School Age Children Endorsement 19a-79-11</u> ☒ 143. Approved Endorsement ☒ 144. Activity choices appropriate ☒ 145. Ratio: 1 Staff to 10 Children ☒ 146. Group Size: Max. 20 Children ☒ 147. Education Consultant Appropriate <u>Monitoring of Diabetes 19a-79-13</u> <u>no child enrolled</u> ☒ 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 		Written Corrective Action Plan Due to OEC by: <u>11/23/23</u>	
Signature of Person in Charge 		Print Name: <u>Sean Turner</u>	

Print Name: Krisa Morgan

Print Name: Sean Turner

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Greenknoll Children's Center License # 12730 Date: 1/9/23Observations/Corrections needed:24 - Social Service consultant agreement not current27 - Social service consultant log not current.89 - Fencing in rear of playground in disrepair (gapping).Discussed:program not currently operating - inspection was scheduled:

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: Kuomr

(OEC Representative)

Print Name: Kristi Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Sean Turner

(Person in Charge)

OEC BY: 1/23/23Print Name: Sean Turner