

SCHOOL AGE ONLY INSPECTION FORM

INITIAL  UNANNOUNCED  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Woodruff Family YMCA Orchard Hills</u>	License Number: <u>15064</u>	Date of Inspection: <u>1/25/2023</u> Time of Arrival: <u>1PM</u>
Address: <u>185 Marino Dr.</u>	Expiration Date: <u>4/30/2026</u>	Licensed Capacity: <u>94</u>
Town: <u>Hartford, CT. 06160-6737</u>	Telephone: <u>203-778-6501 x3113</u>	# of children present: <u>7</u> # of staff present: <u>4</u>
Operator: <u>Central CT Coast YMCA</u>	Director: <u>Susan Marklinsky</u>	
Email: <u>Smarklinsky@cccymca.org</u>	Head Teacher: <u>Debra Smith</u>	
Hours of Operation: <u>Monday-Friday 7 AM - 8:30 AM / 3 PM - 6 PM Half days 30 PM - 6 PM</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: 11/15/2021
- 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: 2/7/2022
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: 1/13/2023
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 12/11/2018 Results: 0

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

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 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: \_\_\_\_\_  
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:

Brendet L. Heckill  
Print name: BRENDET L. HECKILL

Written Corrective Action Plan

Due to OEC by: 2/3/2023

Signature of Person in Charge:

Susan Marklinsky  
Print name: SUSIE MARKLINSKY

Post for 30  
Operating  
Days

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <i>Woodruff Family YMCA Orchard Hills</i></p> <p><u>Physical Plant continued:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><u>Outdoor Space</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free of Hazards</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Playground Protected</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><u>Educational Requirements 19a-79-8a</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><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</li> </ul> <p><u>Administration of Medications 19a-79-9a</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p><u>Nonprescription Topical Medications</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><u>Self-Administration</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul> <p><u>Emergency Distribution of Potassium Iodide</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage <i>N/A</i></li> </ul>	<p>License Number: <i>150004</i></p> <p>Date of Inspection: <i>1/25/2023</i></p> <p><u>School Age Children Endorsement 19a-79-11</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><u>Monitoring of Diabetes 19a-79-13</u> <i>None enrolled</i></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>	
<p>Signature of OEC Representative <i>[Signature]</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>2/8/2023</i></p>	<p>Signature of Person in Charge <i>[Signature]</i></p>

Print Name: *ROBERT L. HERRMAN*

Print Name: *Jessie Marklinsky*

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wardruff Family YMCA Orchard Hills License # 15004 Date: 1/25/2023

Observations/Corrections needed:

#16- observed 1 staff without current physical or TB test with results available

#37- observed no documentation of TB risk for 1 child and no date of physical for 1 child

#27- observed last documented Health consultant visit 2021

#101- observed no documentation of injectable trained staff during times when children with injectable medication are present

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: \_\_\_\_\_

*[Handwritten Signature]*  
(OEC Representative)

Print Name: \_\_\_\_\_

BRIDGET L. HERRILL

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/8/2023

Signature: \_\_\_\_\_

*[Handwritten Signature]*  
(Person in Charge)

Print Name: \_\_\_\_\_

Suei Marklinsky