

**SCHOOL AGE ONLY INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <b>Chapman Y-Latch Key Center</b>		License Number: <b>13981</b>	Date of Inspection: <b>3/9/23</b>	Time of Arrival: <b>3:00</b>
Address: <b>38 Country Club Road</b>		Expiration Date: <b>4/30/25</b>	Licensed Capacity: <b>69</b>	
Town: <b>Cheshire Ct 06410</b>		Telephone: <b>203-272-3154</b>	# of children present: <b>44</b>	# of staff present: <b>8</b>
Operator: <b>Something for Cheshire Comm YMCA</b>		Director: <b>Lisa Zabrowski</b>		
Email: <b>lzabrowski@accymca.org</b>		Head Teacher: <b>Bailey Dunn, Nicholas Wickelme, Zumbo, Chanysh</b>		
Hours of Operation: <b>2:00-6:00</b>		Summer Care: <b>Closed</b>		
Ages Served: <b>5-12 years</b>		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: **9/9/21**

**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: **8/17/22**  
 10. OEC Complaint Procedure  
 11. Food Service Certificate Date: \_\_\_\_\_  
 12. Menus  
 13. Emergency Plans  
 14. No Smoking Signs  
 15. Radon Test (Y/N) Date: \_\_\_\_\_ 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	—	—

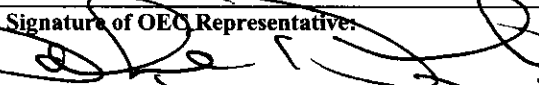
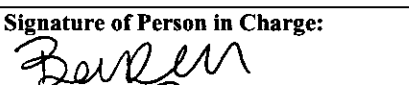
27. Logs/Visits Documented

**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: 	Written Corrective Action Plan Due to OEC by: _____	Signature of Person in Charge: 
Print Name: <b>Johannes</b>		Print Name: <b>Bailey Dunn</b>



SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Chapman Y-Latch Key Center License # 13981 Date: 3/9/23

Observations/Corrections needed:

No Found violation at time of visit

Discussion:

→ Snack menus accessible to parent.

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: [Signature]  
(OEC Representative)  
Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)  
Print Name: Bailey Ounn

OEC BY: \_\_\_\_\_