

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: YMCA SACC at Strong School	License Number: 16098	Date of Inspection: 3/29/23	Time of Arrival: 3:15
Address: 820 Main Avenue	Expiration Date: 2-28-25	Licensed Capacity: 60	
Town: Southington CT 06489	Telephone: 860-637-6670	# of children present: 19	# of staff present: 4
Operator: Southington Cheshire Comm YMCA	Director: Emily Snow		
Email: esnow@seccymca.org	Head Teacher: John Terry		
Hours of Operation: 3:00-6:00	Summer Care: Closed		
Ages Served: 5-11 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: 1-24-22
- 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: 8/29/22
  - 10. OEC Complaint Procedure
  - 11. Food Service Certificate Date: \_\_\_\_\_
  - 12. Menus
  - 13. Emergency Plans
  - 14. No Smoking Signs
  - 15. Radon Test (Y/N) Date: 1/19/22 Results: .4
  - 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


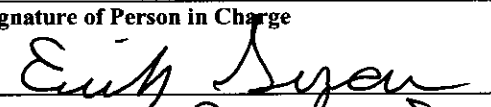
- Consultants**
- 26. Agreements/Contracts (Complete/Signed Annually)
- |                | Contracts                           | Logs                                |
|----------------|-------------------------------------|-------------------------------------|
| Education      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Health         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Social Service | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Dental         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Dietitian      | <input type="checkbox"/>            | <input type="checkbox"/>            |
- 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: Johanne Dalo		Print Name: Emily Snow

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## SCHOOL AGE ONLY INSPECTION FORM

<p><b>Program Name:</b> <u>YMCA SACK at Strong School</u></p> <p><b>Physical Plant continued:</b></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><b>Outdoor Space</b></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><b>Educational Requirements 19a-79-8a</b></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><b>Administration of Medications 19a-79-9a</b></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><b>Nonprescription Topical Medications</b></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><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" 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><b>Self-Administration</b></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> </ul> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul> <p><b>Emergency Distribution of Potassium Iodide</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage</li> </ul> <p style="margin-left: 20px;">N/A</p>	<p><b>License Number:</b> <u>16098</u></p> <p><b>Date of Inspection:</b> <u>3/29/23</u></p> <p><b>School Age Children Endorsement 19a-79-11</b></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><b>Monitoring of Diabetes 19a-79-13</b> <u>No children enr.</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" 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><b>Signature of OEC Representative</b></p> <p style="text-align: center;"></p> <p><b>Print Name:</b> <u>Johanne Dalo</u></p>	<p><b>Written Corrective Action Plan</b></p> <p>Due to OEC by:</p>	<p><b>Signature of Person in Charge</b></p> <p style="text-align: center;"></p> <p><b>Print Name:</b> <u>Emily Snow</u></p>

SUPPLEMENTAL REPORT OF INSPECTION


Name of Program/Provider: YMCA SACC Strong Schools License # 16098 Date: 3-29-23

Observations/Corrections needed:

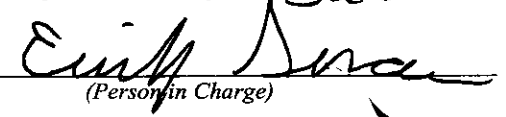
No violations observed at time of visit

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:   
(OEC Representative)  
Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO  
OEC BY: \_\_\_\_\_

Signature:   
(Person in Charge)  
Erika Snares