

INITIAL UNANNOUNCED PARTIAL FOLLOW UP LOCATION CHANGE OTHER

| | | | |
|---|---|------------------------------------|------------------------------|
| Program Name: <u>Waterbury YMCA @ Tinker School</u> | License Number: <u>70121</u> | Date of Inspection: <u>5/10/23</u> | Time of Arrival: <u>2:30</u> |
| Address: <u>809 Highland Ave.</u> | Expiration Date: <u>8/31/25</u> | Licensed Capacity: <u>63</u> | |
| Town: <u>Waterbury, CT 06708</u> | Telephone: <u>203-233-1094</u> | # of children present: <u>18</u> | # of staff present: <u>2</u> |
| Operator: <u>Waterbury YMCA</u> | Director: <u>Kristen Jones</u> | Head Teacher: <u>Emily Powell</u> | |
| Email: <u>cpowell@waterburyymca.org</u> | Summer Care: <u>Closed</u> | | |
| Hours of Operation: <u>M-F 2:00 - 6:00 pm</u> | Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time | | |
| Ages Served: <u>5-12 y.o.</u> | | | |

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: _____

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: 7/19/22
 - 10. OEC Complaint Procedure
 - 11. Food Service Certificate Date: Exp 12/31/23
 - 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Social Service | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dental | <input checked="" type="checkbox"/> | <input checked="" 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: 9/8/22
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:

Kristen Morgan
Print Name: Kristen Morgan

Written Corrective Action Plan

Due to OEC by:
5/24/23

Signature of Person in Charge:

Emily Powell
Print Name: Emily Powell

SCHOOL AGE ONLY INSPECTION FORM

| | | |
|---|---|---|
| <p>Program Name: <u>Watkins YMCA @ Tinker School</u></p> <p><u>Physical Plant continued:</u></p> <ul style="list-style-type: none"> <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 <p><u>Outdoor Space</u></p> <ul style="list-style-type: none"> <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 <p><u>Educational Requirements 19a-79-8a</u></p> <ul style="list-style-type: none"> <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 <p style="padding-left: 40px;">Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up</p> <p><u>Administration of Medications 19a-79-9a</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p><u>Nonprescription Topical Medications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p><u>Self-Administration</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization | <p>License Number: <u>70121</u></p> <p>Date of Inspection: <u>5/24/23</u> ^{10 (2)}</p> <p><u>School Age Children Endorsement 19a-79-11</u></p> <ul style="list-style-type: none"> <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 <p><u>Monitoring of Diabetes 19a-79-13</u> <u>no child enrolled</u></p> <ul style="list-style-type: none"> <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 | |
| <p>Signature of OEC Representative</p> <p><u>Kristin Morgan</u></p> | <p>Written Corrective Action Plan Due to OEC by:</p> <p><u>5/24/23</u></p> | <p>Signature of Person in Charge</p> <p><u>Emily Powell</u></p> |
| <p>Print Name: <u>Kristin Morgan</u></p> | <p>Print Name: <u>Emily Powell</u></p> | |

SUPPLEMENTAL REPORT OF INSPECTION


Name of Program/Provider: Waterbury YMCA @ Tinker School License # 70121 Date: 5/10/23

Observations/Corrections needed:

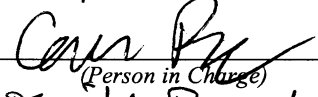
- 1 - Current local health inspection not observed.
- 7 - Staff not signing in/out with exact times
- 12 - Emergency plans not posted.
- 15a - Developmental milestones not posted.
- 19 - Head teacher reports working 3 days per week 3-6pm which is a total of 9 hours. 60% of programs operating hours is 12 hours.
- 32 - 2 children's files missing enrollment dates; 4 children's files missing enrollment information.
- 37 - 3 children's physicals missing TB screening documentation.
- 45 - Observed dusty wall vent in gym; electrical box exposed in entryway; boys bathroom walls + windows unclean; black substance on boys bathroom sinks around faucets.
- 62 - only 1 toilet (in licensed space) available. Girls bathroom locked + inaccessible during visit.
- 145 - observed staff leaving gym out of ratio during visit to open door + bring children to the bathroom.
- ~~Discussed~~: 19a-79-4(a) - Head Teacher staff file missing professional development, orientation + annual policy review.
- Discussed - education consultant log not observed; postings not kept in an accessible spot; 1 medication authorization form; 1 child's file missing emergency permission.

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)
Print Name: Kriji Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 
(Person in Charge)
Print Name: Emily Powell

OEC BY: 5/24/23