

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>YMCA Larson Center</u>	License Number: <u>15440</u>	Date of Inspection: <u>5-24-23</u>	Time of Arrival: <u>7:40</u>
Address: <u>81 Woodlawn circle</u>	Expiration Date: <u>1-31-26</u>	Licensed Capacity: <u>50</u>	Under 3 Capacity: <u>16</u>
Town: <u>East Hartford</u>	Telephone: <u>860-289-7399</u>	# of children present: <u>10</u>	# of staff present: <u>3</u>
Operator: <u>YMCA of metropolitan Hartford INC</u>	Director: <u>Krista Clark</u>	Head Teacher: <u>Magda Rivera</u>	
Email: <u>Krista.Clark@ghymca.org</u>	Summer Care: <u>Open</u>		
Hours of Operation: <u>M-F 7a-6p</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y)	<input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		

Licensure Procedures 19a-79-2a

1. Local Health Date: 8-9-22

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: 8-5-22
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: 12-31-23
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 1-10-24 Results: .3
- 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
- 21. Ratio: 1 Staff to 10 Children
- 22. Group Size: Maximum 20 Children
- 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

Swimming cont.

- 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 Date: _____
Bacterial/Chemical Test (Y/N) Date: _____
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 52. All Openings for Ventilation Screened
- 53. Windows Protected to Prevent Falls
- 54. Glass Protected to 36"
- 55. Overhead Doors Locking Devices/Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 57. Individual Storage of Clothing/Bedding
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 60. Electrical Safety: Outlets/Cords
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 63. Potty Chairs: Nonporous/Emptied/Disinfected
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative: <u>D. Wassenhove</u>	Written Corrective Action Plan Due to OEC by: <u>6-7-23</u>	Signature of Person in Charge: <u>Magda Rivera</u>
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Print name: Dianna Wassenhove

Print name: Magda Rivera

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <i>YMCA Larsson Center</i></p>	<p>License Number: <i>15440</i></p>	<p>Date of Inspection: <i>5-24-23</i></p>
<p>Physical Plant continued:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Water Temperature 60°-115° <input checked="" type="checkbox"/> 68. Portable Space Heaters <input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input checked="" type="checkbox"/> 70. Rugs Secure <input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/> 72. Working Phone on Each Level <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input 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 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"/> 82. Equipment: Good Repair/Safe/Non-toxic <input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <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>Outdoor Space</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input type="checkbox"/> 88. Impact Absorbing Material under Equipment <input type="checkbox"/> 89. Playground Free from Hazards <input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> 91. Lead Management Plan <i>OK Add Every 4 months</i> <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p>Educational Requirements 19a-79-8a</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 Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up <p>Administration of Medications 19a-79-9a</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>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <input type="checkbox"/> 101. Med Trained Staff/Certificates <input type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p>Self-Administration</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization <p>Emergency Distribution of Potassium Iodide</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage 	<p>Under Three Endorsement 19a-79-10</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 109. Approved Endorsement <input type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input type="checkbox"/> 111. Group Size no Larger than 8 <input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space <input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input checked="" type="checkbox"/> 115. Washable Cots <input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input type="checkbox"/> 120. Washed/Disinfected <input type="checkbox"/> 121. Disposable Paper Sheets <input checked="" type="checkbox"/> 122. Covered Waste Receptacle <input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted <input checked="" type="checkbox"/> 124. Hand Washing Policy Posted <input checked="" type="checkbox"/> 125. Individual Storage of Personal Items <input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N <input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits <input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded <input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <p>Outdoor Play Space-Under Three:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <p>School Age Children Endorsement 19a-79-11</p> <ul style="list-style-type: none"> <input type="checkbox"/> 143. Approved Endorsement <input type="checkbox"/> 144. Activity choices appropriate <input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input type="checkbox"/> 146. Group Size: Max. 20 Children <input type="checkbox"/> 147. Education Consultant Appropriate <p>Night Care Endorsement 19a-79-12 (10pm-5am)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Program Plan/Supervision <input type="checkbox"/> 150. Staff Awake/Available <input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input type="checkbox"/> 152. Individual Storage of Personal Items <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <p>Monitoring of Diabetes 19a-79-13 <i>None at this time</i></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 <i>D. Wassenhove</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>6-7-23</i></p>	<p>Signature of Person in Charge <i>Maria Rivera</i></p>

Print Name: *Dianna Wassenhove*

Print Name: *Maria Rivera*

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ymca Larson Center License # 15440 Date: 5-24-23

Observations/Corrections needed:

Due to low staffing only the items marked were checked for compliance. All unmarked items will be checked on a separate day.

19a-79-3a - The operator failed to manage child behaviors, when children were hitting/fighting roughly, pushing other children into the bathroom and holding the door closed.

19a-79-3a (f) The parents did not have immediate access to the center when it was observed parents ringing the doorbell and had to wait for a staff to open the door. Observed parent drop-off to class outside, took older child in for their classroom but left child in hall to return outside to speak with staff about no one answering door the door. The outdoor staff brought her 4 children in to get someone to answer door. Observed parents standing for more than two minutes to have door answered.

19a-79-3a(e) Provider has almost all required items posted in hallway but parents do not have access to them since they are not allowed to enter the program space.

19a-79-3a - Supervision - Students from another childcare program came and removed one child at a time for testing. Students are not staff

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: D. Wassenhove
(OEC Representative)Print Name: Dianna Wassenhove

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Maria Rivera
(Person in Charge)OEC BY: 6-7-23Print Name: Maria Rivera

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Larson Center Date: _____ Time: _____

Location Address: _____ Telephone #: _____

e-mail address: _____ License #: 15440 Expiration Date: _____

Capacity: _____ # of Children Present: _____ # of Staff Present: _____

Consent to Inspect Family Child Care Home	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature <u>NA</u>
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Purpose of visit: Ban out of page 1 supplements

Observations/Corrections needed:

however providing direct supervision of children. (Two students)

18b- Students from other program having direct care have not been background checked

15a- developmental not posted in Conspicuous/ Accessible place (posted in teacher work area

#38 - Observed four medications with no care plans, two care plans incomplete.

#40 - observed toddlers eat only cheerios (some just poured on table) with no other component, One preschool class was given half a hamburger bun with jelly - no other component. one preschool were given no breakfast. All four classrooms were not served morning snack. Posted menu not followed. One preschool room had goldfish at 11:20 am.

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: D. Wassenhove
(OEC Representative)
Dianna Wassenhove

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6-7-23

Signature: [Signature]
(Person in Charge)
Magda Rivera

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Larson Center Date: _____ Time: _____

Location Address: _____ Telephone #: _____

e-mail address: _____ License #: _____ Expiration Date: _____

Capacity: _____ # of Children Present: _____ # of Staff Present: _____

Consent to Inspect Family Child Care Home	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.</i>
	<i>Provider/Applicant/Substitute's Signature</i> _____

Purpose of visit: _____

Observations/Corrections needed:

- #42 - Observed kitchen door open through full inspection.
- #43 - observed no child or staff wash hands prior to eating.
- #44 - observed first aid kit missing two ice packs.
- #45 - Classrooms counters cluttered with supplies, items placed in piles in rooms, sharp knife unlocked in kitchen
- #56 - observed chair in front of preschool door, toys and other items in hall outside gym door to emergency exit.
- #60 - observed one open outlet in preschool and six open outlets in ^{DW} ~~preschool~~ upstairs gym.
- #63 - observed bathrooms and handwashing sinks with no paper towels or soap.
- #64 - observed no child handwashing after bathroom due to no supplies accessible to them.

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Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6-7-23

Signature: *D. Wassenhove*
Dianna Wassenhove
(OEC Representative)

Signature: *Magda Rivera*
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Larson Center License # 15440 Date: 5-24-23

Observations/Corrections needed:

- #76 - Observed chemicals unlocked in kitchen, janitorial closet unlocked.
- #88 - Less than 8 inches of shock absorbing materials under climbing equipment in both under 3 and over 3 playgrounds
- #89 - Observed rotting wood with splinters on bench around light pole in under 3 playground. Board around tree stump broken with splinters, nail protruding in wood, water cups and other debris in preschool playground
- #102 - Observed four medication orders not signed in by staff.
- #103 - Observed one medication with no prescription label.
- #110 - Upon arrival - observed four toddlers with four preschoolers with one staff - over ratio
- #111 - Upon arrival - observed four toddlers with four preschoolers with one staff - over group size
- #113 - Observed toys in toddler handwashing sink only
- #118 - Observed no thermometer in toddler refrigerator.
- #6 - Center did not follow meal/snack policy when food was not provided to children

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: D. Wassenaar
(OEC Representative)Print Name: Dianna Wassenaar

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Magda Rivera
(Person in Charge)OEC BY: 6-7-23Print Name: Magda Rivera