

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: Soundview Family YMCA STCC	License Number: 70012	Date of Inspection: 3/21/24	Time of Arrival: 8/29/24
Address: 628 E Main St	Expiration Date: 8/31/27	Licensed Capacity: 46	
Town: Branford 06405	Telephone: 203-481-9622	# of children present: 3	# of staff present: 2
Operator: Central Connecticut Coast YMCA	Director: Lynn Wheeler	Head Teacher: Emma Salvatore	
Email: lwheeler@cccymca.org	Summer Care: closed	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time	
Hours of Operation: 3:00-6:00pm	Ages Served: 5yrs-12yrs		

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: **5/15/22**

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: **6/21/23**
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: **NA**
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: **2/23/10** Results: **.6**
- 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: **5/15/22**
- 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:

Fil Montague
Print Name: **Fil Montague**

Written Corrective Action Plan

Due to OEC by: **PN 4/4/24**

Signature of Person in Charge:

Lynn Wheeler
Print Name: **Lynn Wheeler**

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SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <u>Sandview Family YMCA STCC</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: 20px;">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><u>Emergency Distribution of Potassium Iodide</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage 	<p>License Number: <u>70012</u></p> <p>Date of Inspection: <u>3/21/24</u></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 <u>Filmontame</u></p> <p>Print Name: <u>Filmontame</u></p>	<p>Written Corrective Action Plan Due to OEC by: <u>4/11/24</u></p>	<p>Signature of Person in Charge <u>Lynn Wheeler</u></p> <p>Print Name: <u>Lynn Wheeler</u></p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Soundview Ymca SACC License # 70012 Date: 3/21/22

Observations/Corrections needed:

- * Program currently only uses Basketball area for outdoors
- * Program currently does not participate in swimming

#2 - new staff orientation not observed for 3 out of 4 Staff

#3 - annual review of policies training not observed for 3 out of 4 staff

#7 - children's sign-in and out not recorded since 2/9/24

#26 - all required agreements for ~~required~~ ^{required} consultants not observed

#27 - all required consultant logs for review of policies and education program plans not observed.

documentation of nurse's/health consultant logs/visits not observed

#16 - ^{All} staff health records along with TB results not observed

#17 - Professional Development logs for 3 out of 4 staff not observed

#19 - head teacher not present for 60% of the time: week of 3/19 - 2.5 hrs week of 3/7 - 2.50 hrs week of 3/1 - 4.50 hrs week of 2/20 - 4.75 hrs.

#37 - observed 2 out of 4 children files with camp physical only and no TB risk

#89 - observed exposed flaking rust on one basketball hoop near red picnic tables. observed protruding bolts from 2 basketball hoops (1 by the picnic tables and 1 by tires).

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: Fl Montanys

(OEC Representative)

Fl Montanys

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Lynn Wheeler

(Person in Charge)

OEC BY: 4/4/24

Lynn Wheeler