

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: Woodruff Family YMCA Orchard Hills LICENSE NUMBER: 15064 DATE OF INSPECTION: 3/18/25

RECORD KEEPING 19a-79-5a

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		<u>PARENT PERMISSIONS</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors N/A
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 79.		<u>SMOKING</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (c)	<u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
	<input checked="" type="checkbox"/> (d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> 82.		<u>TOILETING</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>		<u>AIR TEMPERATURE</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>		<u>WALLS/CEILINGS/FLOORS/RUGS</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>		<u>TELEPHONE/TELEPHONE NUMBERS</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>		<u>LIGHTING</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	(e)(17)	Radon test- Results: <u> </u> (Schl-N/A)
<input checked="" type="checkbox"/>	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	(g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>3/27/24</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.		<u>WATER SUPPLY</u> - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u> </u>
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <u> </u> (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input type="checkbox"/> 70.		<u>LEAD PAINT</u> -
	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N
	<input type="checkbox"/> (c)(6)(B-D)	Results <u>approved lead mang. plan</u>
		Lead Management Plan <u>not current last 9/2/22</u>
	<input checked="" type="checkbox"/>	Peeling Paint - N Inside/Outside

<input checked="" type="checkbox"/> 95.	(e)(10)	
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

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PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/>	128.		DIAPERING
<input type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input type="checkbox"/>	128.	(e)(2)	<p>DIAPERING cont.</p> <p>Diaper area: used only for this purpose, located in the program area</p> <p>Diaper area: non-porous surface/good repair</p> <p>Diaper area: washed/disinfected after use</p> <p>Diaper area: disposable paper sheets</p> <p>Covered waste receptacle-removed daily</p> <p>Handwashing-staff/children</p> <p>Diapering-Handwashing policies-posted/ followed</p> <p>Cloth diapers-written plan developed</p> <p>LINENS/CLOTHING</p> <p>Linens/emergency clothing available</p> <p>Linens washed weekly or as needed</p> <p>Linens/clothing stored individually</p> <p>Cribs/cots cleaned-linens changed when shared</p> <p>SAFE SLEEP</p> <p>Under 12 mths placed on back for sleeping</p> <p>Crib-snug fitting mattress/tightly fitted sheet</p> <p>Alternate sleep position/equipment-medical documentation for medical reason on file</p> <p>Infants allowed to adopt other sleep positions</p> <p>No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles</p> <p>No unapproved sleeping-car seats/swings/beds, etc.</p> <p>No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes</p> <p>Observe/assess infants at least every 15 minutes</p> <p>Teething necklaces/bracelets, jewelry inaccessible</p> <p>Safe sleep policies - parents informed</p> <p>TOYS AND OTHER OBJECTS</p> <p>Infant toys-separate/washed/sanitized daily</p> <p>Toddler toys-washed/sanitized weekly</p> <p>No toys/objects less than 1 1/4" diameter</p> <p>Plastic bags/balloons/styrofoam inaccessible unless under direct supervision</p> <p>Health consultant visits/documentation</p> <p>FEEDING</p> <p>Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle</p> <p>Written feeding schedule from parent-updated</p> <p>Unused formula/milk discarded after feedings</p> <p>Clean bottles/disposable bottles/appvd washing</p> <p>Baby food served from dish or whole jar</p> <p>Bottles labeled with child's name</p> <p>Outdoor spaced fenced-4 ft (lic. after 1/1/25)</p> <p>Outdoor equipment-developmentally appropriate for ages of the children</p> <p>Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety</p>
		(e)(3)	
		(e)(4)	
		(e)(5)	
		(e)(6-9)	
		(e)(7)	
		(e)(8)	
		(e)(10)(A-C)	
<input type="checkbox"/>	129.	(f)(1)	
<input type="checkbox"/>		(f)(2)	
<input type="checkbox"/>		(f)(3)	
<input type="checkbox"/>		(f)(4)	
<input type="checkbox"/>	130.	(g)(1)	
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(2)	
<input type="checkbox"/>		(g)(3)	
<input type="checkbox"/>		(g)(4)	
<input type="checkbox"/>		(g)(5)	
<input type="checkbox"/>		(g)(6)	
<input type="checkbox"/>		(g)(7)	
<input type="checkbox"/>		(g)(8)	
<input type="checkbox"/>	131.	(h)(1)	
<input type="checkbox"/>		(h)(1)	
<input type="checkbox"/>		(h)(2)	
<input type="checkbox"/>		(h)(2)	
<input type="checkbox"/>	135.	(i)(1)(2A-C)	
<input type="checkbox"/>	136.	(j)	
<input type="checkbox"/>		(k)(1)	
<input type="checkbox"/>		(k)(2)	
<input type="checkbox"/>		(k)(3)	
<input type="checkbox"/>		(k)(4)	
<input type="checkbox"/>		(k)(5)	
<input type="checkbox"/>	137.	(l)(1)	
<input type="checkbox"/>	138.	(l)(2)	
<input type="checkbox"/>	139.	(l)(3)	

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
		(e)(1)	Written daily program plan-flexible schedule- available to staff/parents
		(c)(2)	Activities not a duplication of child's day
		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
		(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
		(d)	Ratio- 1:15
		(e)	Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

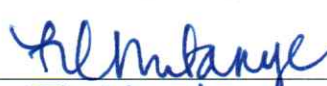

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SCHOOL AGE ENDORSEMENT 19a-79-11 **MONITORING OF DIABETES 19a-79-13** Y/N

<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/>	172.	(b)(1)(A)	
						(b)(1)(B)	
						(i)-(iii)	
				<input checked="" type="checkbox"/>		(b)(2)	
				<input checked="" type="checkbox"/>		(b)(3)	
				<input checked="" type="checkbox"/>		(c)(2)	
				<input checked="" type="checkbox"/>		(c)(3)	
				<input checked="" type="checkbox"/>		(d)(1)	
				<input checked="" type="checkbox"/>		(d)(2)	
				<input checked="" type="checkbox"/>		(d)(3)	
				<input checked="" type="checkbox"/>		(e)(1)	
				<input checked="" type="checkbox"/>		(e)(2)	
				<input checked="" type="checkbox"/>		(e)(3)	
<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	173.	(c)(3)	
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher				
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>	174.	(d)(1)	
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>	175.	(d)(2)	
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>	176.	(d)(3)	
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>	177.	(e)(1)	
<input type="checkbox"/>	153.	(b)(6)	SLEEP PROVISIONS	<input checked="" type="checkbox"/>	178.	(e)(2)	
		<input type="checkbox"/>	Individual cot/crib with bedding	<input checked="" type="checkbox"/>	179.	(e)(3)	
		<input type="checkbox"/>	Sleeping apparel/toiletries labeled				
		<input type="checkbox"/>	Required bedding				
		<input type="checkbox"/>	Required toiletries				
		<input type="checkbox"/>	Bedding/sleeping apparel laundered weekly				
		<input type="checkbox"/>	Sleep arrangements for infants				
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft				
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified				
<input type="checkbox"/>	156.	(b)(10)	Local health approval				

ADMINISTRATION OF MEDICATIONS 19a-79-9a **ADDITIONAL VIOLATION** Y/N

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	- NA	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				
<input checked="" type="checkbox"/>	159.	(a)(2)	NONPRESC. TOPICAL MEDICATION				DISCUSSIONS/COMMENTS 1) New regs discussed 2) All staff to have health + safety training by 4/1/25. All new hires to complete within 3 months of hire 3) Policies checklist provided. All policies must be updated to reflect new regulations components. 4) 1 child file does not have 1 other authorized pick up outside parents 5) Start dates 6) Education consultant can not be admin for agency that oversees program NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.
		<input checked="" type="checkbox"/>	Admin/Parent permission/report errors				
		<input checked="" type="checkbox"/>	Labeling and Storage				
		<input checked="" type="checkbox"/>	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	160.	(b)(1)(A/C)	MEDICATION TRAINING				
		<input checked="" type="checkbox"/>	Medication training-general-oral/top/inhalant				
		<input checked="" type="checkbox"/>	Injectable premeasured autoinjector medication				
		<input checked="" type="checkbox"/>	Rectal medication				
		<input checked="" type="checkbox"/>	Injectable other than premeasured auto-injector				
		<input checked="" type="checkbox"/>	Training approval documents/certificates				
		<input checked="" type="checkbox"/>	Training outline on file				
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible				
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation				
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization				
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)				

Signature of OEC staff		Signature of person in charge	
Printed Name	Fil Montanye	Printed Name	Sisi Marklinsky

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 4/1/25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family YMCA² License # 15064 Date: 3/18/25
Orchard Hills

Observations/Corrections needed:

Program not in compliance with:

#4 Employee orientation when ~~one~~ one file for staff on site was not on site. corrected at visit when admin staff came over to drop off

#5 Annual policies training for 1 staff corrected at visit when admin staff brought over staff file

#12 Daily attendance when staff are not signing in and out with exact times

#19 staff health records when 1 staff did not have file on site corrected during visit when admin brought over file and when 1 staff does not have adult medical statement on file

#21 Comprehensive background checks when 2 staff currently working with children are worked supervised and both were working with children from half day dismissed thru 3:15pm when additional staff arrived ~~at dismissal~~

#35 (F) Consultant agreements when required services are not current with new regs dated Oct. 2024 for social, and education.

#40 individual care plan when 1 care plan not signed by all staff responsible for child's care and 1 individual care plan not observed for child in which physical indicates chronic illness (intermittent asthma)

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: *Fil Montanye*
(OEC Representative)
Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/1/25

Signature: *Susan Marklinsky*
(Person in Charge)
Print Name: Susan Marklinsky

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ~~Woodcliff~~ ^{Woodcliff} Family YMCA Orchard Hills License # 15064 Date: 3/18/25

Observations/Corrections needed:

- # 49 menus when menu was not posted 7 week in advance
Feb 2025 posted corrected during inspection
- #70 lead manager & Plan is not current last monitored 9/2/2022

Discussion continued

- upon arrival program shared space with another program no barrier was observed - Follow up to reduce capacity will be scheduled

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: Fl Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/1/25

Signature: [Signature]
(Person in Charge)
Print Name: Susan Marklinsky