



**SCHOOL AGE ONLY INSPECTION FORM**

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

Address:	YMCA School's out at Hammer 50 Francis St Wethersfield, CT 06109	License Number:	3/25/25 13499	Date of Arrival:	24 Feb
Company:	YMCA of Metro Hartford Inc	Phone:	86041028375	Expiration Date:	6/30/21
Website:	Marissa.Casarella@ymca.org	Age:	2	Current Status:	Closed
Contact Person:	Marissa Casarella - Cassidy Flanagan	Age Group:	5yrs - 12yrs	Enrollment:	16
		Days of Operation:	M-F	Total Capacity:	60
				Hours of Operation:	3-6pm

Action Codes: Y = Regulatory in Compliance D = Deficient in Compliance NA = Not applicable

**ENSURE PROCEDURES 19a-79-2a**

(c)(8) Local Health Inspection-Date: 10/3/23

**MINISTRATION 19a-79-3a**

- 1. (a) Ensuring health & safety of children
- 2. (b) Overall management of program
- 3. (b)(6) Employee orientation for new program staff
- 4. (b)(6) Annual policy training for program staff
- 5. (b)(7)(A) Child behavior management
- 6. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 7. (b)(7)(C) Child Protection
- 8. (b)(7)(E) Mandated Reporting
- 9. (c)(1-4) Notification of Change
- 10. (d)(2)(A) POLICIES-COMplete/IMPLEMENTED
- 11. (d)(2)(B)(C) Discipline policy
- 12. (d)(3) Child Protection policy
- 13. (d)(4)(A) Closing time policy
- 14. (d)(4)(B) Medical emergency policy
- 15. (d)(5) Multi-Hazards policy-annual drill
- 16. (d)(6) Supervision policy
- 17. (d)(6)(C) General Operating policies
- 18. (d)(7) Administrative Oversight policy
- 19. (d)(1) Personnel policies
- 20. (f) Daily attendance-children/staff- keep 1 yr.
- 21. (h) ACCESS
- 22. (m) Immediate access by parents
- 23. (n) Immediate access by OEC-facility/records
- 24. (o) Motor vehicle laws-transportation
- 25. Capacity
- 26. Respond to OEC-no false, misleading statements or documents
- 27. (e)(1) POSTINGS
- 28. (e)(2) License posted
- 29. (e)(3) OEC Complaint Procedure posted
- 30. (e)(4) Administrative Oversight Policy
- 31. (e)(5) Menus posted
- 32. (e)(17) No Smoking posted signs at entrances
- 33. (e)(17) OEC Inspection report posted or available
- 34. (e)(17) Radon test posted (Schl-N/A)

**STAFFING and CONSULTANTS 19a-79-4a**

- 19. (a)(1)
  - 20. (a)(3)
  - 21. (b)
  - 21a. (b)(2)
  - 22. (b)(4)
  - 23. (d)
  - 25. (d)(2)
  - 26. (d)(3)(A-C)
  - 28. (d)(4)(D)
  - 29. (d)(5)(A)
  - 30. (e)(1)
  - 31. (f)(1)
  - 32. (f)(2)
  - 33. (a)(2)
  - 33. (h)(1)
  - 33. (h)(2)
  - 34. (4)(C)(ii-v)
  - 34. (4)(C)(i)
  - 34. (e)(6)
  - 34. (e)(6)
  - 35. (i)(1)(A)-(D)
  - 35. (i) -
  - 35. (i)(2)(A)-(H)
  - 35. (F)
  - 35. (i)(2)
  - 35. (H)(i)-(1)(i)
- Staff health records  
Disciplinary actions  
Comprehensive Background Checks  
Past employment history  
Evidence of compliance -with bknd cks/  
Adequate staffing  
Two staff present-age 18 or older  
Personal qualities of staff  
Supervision-Indoors/Outdoors  
Group Size-school age field trips/out  
Designated director-training  
CPR certified program staff  
First aid certified program staff
- PROFESSIONAL DEVELOPMENT**  
Documentation  
Health & Safety training  
1% annual hours
- SWIMMING ACTIVITIES - Y/N**  
Swimming-Ratios  
Non-swimmers identified  
CPR certified staff-age 20 or older  
Lifeguard-certified-supervising
- CONSULTANTS**  
Consultants-Education, Health, Soc  
Service, Dietitian (Dietit  
Consultant agreements-signed annu  
agreements complete w/required  
Consultant logs-documented activi  
observations and required servi  
Consultant visits- Education/Health  
Contracts Logs
- |            |   |   |
|------------|---|---|
| Education  | ✓ | ✓ |
| Health     | ✓ | ✓ |
| Soc. Serv. | ✓ | ✓ |
| Dietitian  | ✓ | ✓ |

Ymca Schools out at Hammer

SCHOOL AGE ONLY INSPECTION

13499

3/25/25

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

79.	<input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(8)	<b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible
82.	<input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(D) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) (d)(11)	<b>TOILETING</b> Shared toilets/sinks-supervision plan Toileting needs met Required toilets/sinks-1:25 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94)(Grp Homes N/A) Staff personal articles inaccessible
83.	<input checked="" type="checkbox"/> (e)(1)	<b>AIR TEMPERATURE</b> Air temp < 65°F comfortable
84.	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
86.	(e)(4)	Portable space heaters prohibited
90.	(e)(6)	Hot water/Steam pipes protected
91.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number
94.	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9)	<b>LIGHTING</b> All areas min. 1 foot candle of lighting Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible
95.	(e)(10)	Garbage/rubbish-disposed of daily, containers in good repair
96.	(e)(11)	Stairs-protected/good repair-handrails
97.	(e)(12)	Toxic plants/materials inaccessible
98.	(e)(13)	Pets or other animals-in good health, written care plan including access to children
99.	(e)(14-15)	Radon test- Results: _____ (Schls N/A)
101.	(e)(17)	Carbon monoxide detector-each level N/A
102.	(e)(18)	Program space-adequate-35 sq. ft. per child
103.	(f)(1)(A)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
104.	(g)(1)	Developmentally app equipment, materials
107.	(g)(4)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
108.	(g)(5)	Indoor climbing play equipment-shock absorbing materials under and around
109.	(g)(6)	No weapons/no facsimile of a firearm
110.	(j)	<b>OUTDOOR SPACE</b> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8"
111.	<input checked="" type="checkbox"/> (h)(1) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(3) <input checked="" type="checkbox"/> (h)(4) <input checked="" type="checkbox"/> (h)(5) <input checked="" type="checkbox"/> (h)(6) <input checked="" type="checkbox"/> (h)(8) <input checked="" type="checkbox"/> (h)(9)	Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert playg. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous
112.	<input checked="" type="checkbox"/> (h)(7) <input checked="" type="checkbox"/> (h)(7)(B) <input checked="" type="checkbox"/> (h)(7)(C)	<b>OUTDOOR PROTECTED/FENCED</b> Playground protected from traffic, water, gullies or other hazards Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A)
114.	<input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	<b>WATER HAZARDS</b> Pools, swimming areas-conforms to DPH (N/A) Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible (N/A)

<b>HEALTH and SAFETY 19a-79-6a</b>		
6.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
7.	(a)(2)	Nutritious meals and snacks
8.	(a)(3)	Proper refrigeration-41 degrees
9.	(a)(4)	Menus-1 wk in advance- keep 3 mths
10.	(a)(5)	Food Service Inspection (N/A)
1.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)
2.	(a)(7)	Separate hand washing facilities
3.	(a)(8)	Multi-use eating/drinking utensils
5.	(a)(10)	Children supervised during meal prep
6.	(a)(11)	Handwashing-staff/children
7.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
18.	(b)(2)	Designated isolation area
19.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -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)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<b>PHYSICAL PLANT 19a-79-7a</b>		
62.	(a)(2)	Fire marshal codes/certificate 8/20/24
63.	(b)	Indoor/Outdoor space inspected/approved
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
68.	(c)(4)	Testing of premises/grounds for chemicals
69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	<b>WATER SUPPLY</b> - Public/Well (Schools N/A) Lead Water Test - Date: _____ Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible
70.	<input checked="" type="checkbox"/> (c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____
71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - Y/N Inside/Outside
72.	(d)(2)	Emergency vehicle access
73.	(d)(3)	Walkways maintained
76.	(d)(5)	Windows protected to prevent falls
77.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A) Exits, stairs, hallways unobstructed

PROGRAM NAME: YMCA Schools Outreach

LICENSE NUMBER: 13499 DATE OF INSPECTION: 3/25/25

SCHOOL AGE ENDORSEMENT 19a-79-11

140. (b) Approved Schl Age Endorsement

141. (c) SCHEDULE - ACTIVITIES  
 Written daily program plan-flexible schedule- available to staff/parents  
 Activities not a duplication of child's day  
 Activities include cognitive, physical, social, emotional needs of the children  
 Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events

43. (d) Ratio- 1:15

44. (e) Group size- max. 30

45. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent

46. (g) Designated Head teacher approved- 60%

MONITORING OF DIABETES 19a-79-11

171. (a)(1) Written policies and procedures

172. (b)(1)(A) 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

173. (b)(2)

174. (b)(3)

175. (c)(2)

176. (c)(3)

177. (d)(1)

178. (d)(2)

179. (d)(3)

MINISTRATION OF MEDICATIONS 19a-79-9a

57. (9a) Written medication policies/procedures

58. (9a) Permit enrollment of children with asthma, allergies, diabetes

59. (a)(2) NONPRESC. TOPICAL MEDICATION  
 Admin/Parent permission/report errors  
 Labeling and Storage  
 Unused/expired meds destroyed/returned

60. (b)(1)(A/C) MEDICATION TRAINING  
 Medication training-general-oral/top/inhalant  
 (b)(1)(D) Injectable premeasured autoinjector medication  
 (b)(1)(E) Rectal medication  
 (b)(1)(F) Injectable other than premeasured auto-injector  
 (b)(2)(A-B) Training approval documents/certificates  
 (b)(2)(C) Training outline on file

61. (b)(3)(A-B) Authorized prescriber/parent permission

62. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification

63. (b)(4)(A-B) Medication Administration Records (MAR)

64. (b)(5)(A-B) Labeling and Storage

65. (b)(5)(C) Emergency medication inaccessible

66. (b)(5)(D) Unused/Expired meds-destroyed/returned

67. (b)(5)(E) Auto-injector/inhalant equipment

68. (b)(6) Self-administration documentation

69. (b)(7)(A-B) Petition for special medication authorization

70. (d) Potassium Iodide (KI) emergency distribution-permission and storage  
 (N/A)

ADDITIONAL VIOLATION

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

- update policies per new regulations- checklist on oec website

- Carbon monoxide detector installed per guidelines

- vents dusty in kids bathrooms

- Health + safety training by 4/25

- Post Administrative Oversight

Signature OEC staff: Ma Miller  
Kellerman

Signature of Person in Charge: Kevin Lee  
 Printed: MARTIA C. JAKUL

**SUPPLEMENTAL REPORT OF INSPECTION**

PAGE 1

Name of Program/Provider: YMCA Schools out at Harmer License # 13499 Date: 3/25/25

Observations/Corrections needed:

Regulations Not in compliance when observed.  
#140 - 1 Care plan for Asthma not available  
#146 - Head teacher certificate/approval not available.  
Send copy to Agency.

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: *Sha Miller*  
(OEC Representative)  
Print Name: K. Kellerman

Signature: *Maria C...*  
(Person in Charge)  
Print Name: MARIA CHARTUCH

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/8/25