

**CHILD CARE CENTER/GROUP CHILD CARE HOME
SCHOOL AGE ONLY INSPECTION FORM**

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

Program Name:	YMCA of Greenwich After School Enrichment Program	Date of Inspection:	4-22-25	Time of Arrival:	3:30pm
Address:	50 E Putnam Ave	License Number:	70738	Expiration Date:	11-30-27
Town:	Greenwich	Telephone Number:	869-1630	Summer Care:	Closed
Operator:	Youngmen's Christian Association of Greenwich	# of Staff Present:	5	# children Present:	31
Email:	kgoldar-minott@gwymca.org	Ages Served:	5-12yrs	Total Capacity:	79
Designated Director:	Julia Borges	Days of Operation:	M-F 3-6:30	Hours of Operation:	2:30-6pm

Instruction Codes: = Regulation in Compliance = Regulation not in Compliance N/A = Not applicable at this time

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 4-1-23

ADMINISTRATION 19a-79-3a

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

<input checked="" type="checkbox"/> 19. (a)(1)	
<input checked="" type="checkbox"/> 20. (a)(3)	
<input checked="" type="checkbox"/> 21. (b)	
<input checked="" type="checkbox"/> 21a. (b)(2)	
<input checked="" type="checkbox"/> 22. (b)(4)	
<input checked="" type="checkbox"/> 23. (d)	
<input checked="" type="checkbox"/> 25. (d)(2)	
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	
<input checked="" type="checkbox"/> 28. (d)(4)(D)	
<input checked="" type="checkbox"/> 29. (d)(5)(A)	
<input checked="" type="checkbox"/> 30. (e)(1)	
<input checked="" type="checkbox"/> 31. (f)(1)	
<input checked="" type="checkbox"/> 32. (f)(2)	
<input type="checkbox"/> 33.	
<input checked="" type="checkbox"/> (a)(2)	
<input checked="" type="checkbox"/> (h)(1)	
<input checked="" type="checkbox"/> (h)(2)	
<input checked="" type="checkbox"/> 34.	
<input checked="" type="checkbox"/> (4)(C)(ii-v)	
<input checked="" type="checkbox"/> (4)(C)(i)	
<input checked="" type="checkbox"/> (e)(6)	
<input checked="" type="checkbox"/> (e)(6)	
<input type="checkbox"/> 35.	
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	
<input checked="" type="checkbox"/> (i) - (i)(2)(A-H)	
<input checked="" type="checkbox"/> (F)	
<input checked="" type="checkbox"/> (i)(2)	
<input checked="" type="checkbox"/> (H)(i)-(I)(i)	

Staff health records
Disciplinary actions
Comprehensive Background Checks
Past employment history
Evidence of compliance -with bknd cks/history
Adequate staffing
Two staff present-age 18 or older
Personal qualities of staff
Supervision-Indoors/Outdoors
Group Size-school age field trips/outdoors
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, Social Service, Dietitian (Dietitian N/A)
Consultant agreements-signed annually-agreements complete w/required services
Consultant logs-documented activities, observations and required services
Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	8	8	8
Health	8	8	8
Soc. Serv.	NA	NA	NA
Dietitian	NA	NA	NA

CHILD CARE CENTER/GROUP CHILD CARE HOME SCHOOL AGE ONLY INSPECTION FORM – page 2

PROGRAM NAME YMCA of Greenwich LICENSE NUMBER 70738 DATE OF INSPECTION 4-22-25

RECORD KEEPING 19a-79-5a

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
	<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"/> 79.	<input checked="" type="checkbox"/> (d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A)	TOILETING Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
<input checked="" type="checkbox"/> 84.	(d)(11)	Staff personal articles inaccessible

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"/> 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)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -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)	FIRST AID SUPPLIES -add't'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> 86.	(e)(1)	Air temp < 65°F comfortable
<input checked="" type="checkbox"/> 90.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 91.	(e)(4)	Portable space heaters prohibited
	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/NUMBERS Working phone on each level
	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(8)	LIGHTING All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 96.	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/> 97.	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 98.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 99.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 101.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 102.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 103.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 104.	(e)(17)	Radon test- Results: <u>03</u> (Schls-N/A)
<input checked="" type="checkbox"/> 107.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 108.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 109.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 110.	(g)(4)	Developmentally app equipment, materials
<input checked="" type="checkbox"/> 111.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(1)	OUTDOOR SPACE 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"/> 114.	<input checked="" type="checkbox"/> (h)(7)	OUTDOOR PROTECTED/FENCED Playground protected from traffic, water, gullies or other hazards
	<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"/> (i)	WATER HAZARDS Pools, swimming areas-conforms to DPH (N/A)
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>4-19-23</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"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>9-6-23</u>
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible LEAD PAINT - Building Pre-78: <u>N/N</u> Lead Test: <u>N/N</u> Results <u>LCBP</u> Lead Management Plan <u>every 6 months</u>
<input checked="" type="checkbox"/> 71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - <u>Y/N</u> Inside/Outside
<input checked="" type="checkbox"/> 72.	(d)(2)	Emergency vehicle access
<input checked="" type="checkbox"/> 73.	(d)(3)	Walkways maintained
<input checked="" type="checkbox"/> 76.	(d)(5)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A) Exits, stairs, hallways unobstructed

<input checked="" type="checkbox"/> 110.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 111.	(g)(4)	Developmentally app equipment, materials
<input checked="" type="checkbox"/> 112.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 113.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 114.	(j)	No weapons/no facsimile of a firearm

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME Ymca of Greenwich	LICENSE NUMBER 70738	DATE OF INSPECTION 4-22-25
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SCHOOL AGE ENDORSEMENT 19a-79-11	MONITORING OF DIABETES 19a-79-13 Y/N
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<input checked="" type="checkbox"/> 140. (b)	<p>Approved Schl Age Endorsement 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 Ratio- 1:15 Group size- max. 30 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Designated Head teacher approved- 60%</p>
<input checked="" type="checkbox"/> 141. (c)	
<input checked="" type="checkbox"/> (c)(1)	
<input type="checkbox"/> (c)(2)	
<input checked="" type="checkbox"/> (c)(3)	
<input checked="" type="checkbox"/> 143. (d)	
<input type="checkbox"/> 144. (e)	
<input type="checkbox"/> 145. (f)	
<input type="checkbox"/> 146. (g)	

<input checked="" type="checkbox"/> 171.	(a)(1)	<p>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</p>
<input checked="" type="checkbox"/> 172.	<input type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (b)(2) <input type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) <input type="checkbox"/> (c)(3)	
<input checked="" type="checkbox"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 179.	(e)(3)	

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

<input checked="" type="checkbox"/> 157. (9a)	<p>Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned MEDICATION TRAINING Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution–permission and storage (N/A)</p>
<input checked="" type="checkbox"/> 158. (9a)	
<input checked="" type="checkbox"/> 159. (a)(2)	
<input checked="" type="checkbox"/> (a)(3)(A-B)	
<input checked="" type="checkbox"/> (a)(3)(C)	
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	
<input checked="" type="checkbox"/> (b)(1)(D)	
<input checked="" type="checkbox"/> (b)(1)(E)	
<input checked="" type="checkbox"/> (b)(1)(F)	
<input checked="" type="checkbox"/> (b)(2)(A-B)	
<input checked="" type="checkbox"/> (b)(2)(C)	
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	
<input checked="" type="checkbox"/> 162. (b)(3)(D)	
<input type="checkbox"/> 163. (b)(4)(A-B)	
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	
<input checked="" type="checkbox"/> 165. (b)(5)(C)	
<input checked="" type="checkbox"/> 166. (b)(5)(D)	
<input checked="" type="checkbox"/> 167. (b)(5)(E)	
<input checked="" type="checkbox"/> 168. (b)(6)	
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	
<input checked="" type="checkbox"/> 170. (d)	

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

Signature of OEC staff Cathy Anderson	Signature of person in charge Julia Borace
Printed Name Cathy Anderson	Printed Name Julia Borace

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: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request.	Written Corrective Action Plan Due by: 5-6-25	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: YMCA of Greenwich After School Enrichment program License # 70738 Date: 4-22-25

Observations/Corrections needed:

- Discussed - New regulations, provided policy check list. Program must ensure all regulations are in compliance with
- Regulator not in compliance when
- #19 - no documentation that 3 out of 5 staff have a health record
- #22 - Program could not show evidence of compliance with background checks
- #30 - Director does not have 3 credits (send copy)
- #33 - (a)(2) - 4 out of 5 staff ^{do} not have documentation of orientation
- (h)(1) - 5 out of 5 staff does not have documentation of Health ^{and} Safety training
- #35 (i)-(1)(2)(A-H) - Agreements expired 10/24 for all consultants
- (F) - Education and Health does not have all services on greenerys
- (i)(2)(H)(i)(1)(i) - Consultants did not log/document their annual review and Health Consultant has no documentation of any visits on site.
- #67 - radiator is detached all across side wall
- #70 (c)(6)(A) - lead plan is not being monitored
- #90 - hot water pipe not protected and accessible by side wall
- #111(h)(3) - protruding rusty metal object ^{is} accessible on wall and window sills are rusty and accessible (h)(4) - screw ends protruding on gates
- #60 - Fire Marshal Certificate on site is expired (send copy)
- #14(b)(4) - no designated head teacher on site
- #36 - Enrollment forms are missing parent's address, work address and phone numbers
- gote also does not latch
- #21 - 4 staff working with children without a background check

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: Cathy Chen
(OEC Representative)
Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: J. Borges
(Person in Charge)
Print Name: Julia Borges

OEC BY: 56-25