



CONNECTICUT OFFICE OF EARLY CHILDHOOD DIVISION OF LICENSING

CHILD CARE CENTER AND GROUP CHILD CARE INSPECTION FORM

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

YINCA Duffy KidsLink
95 West Minister Dr
West Hartford, CT 06107
YINCA & Greater Hartford
jennac@yincakidslink.org
Jenna Gaundino

Date of Inspection: 1/29/25
License Number: 13326
Telephone Number: 8605003229
of Staff Present: 5
Total Capacity: 95
Hours/Days of Operation: M-F 7AM-8PM / 3PM-10PM

over 3 Present: 183
Total Under 3 capacity: 0
under 3 Present: 0
Ages Served: 5YRS-10Y

2PM
3/31/26
Closed

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-3a

1. (c)(8) Local Health Inspection-Date: 1/29/25

ADMINISTRATION 19a-79-3b

<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 type="checkbox"/> 11.	POLICIES-COMplete/IMPLEMENTED
<input 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 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 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 type="checkbox"/> 13.	ACCESS
<input checked="" type="checkbox"/> (g)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds enrolled in preschool-authorization
<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.	POSTINGS
<input checked="" type="checkbox"/> (e)(1)	License posted
<input checked="" type="checkbox"/> (e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> (e)(3)	Menus posted
<input checked="" type="checkbox"/> (e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> (e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted

STAFFING and COMPLIANTS 19a-79-4a

<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.	RATIOS
<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group-ratios
<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors
<input type="checkbox"/> 29.	GROUP SIZE
<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoor
<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group-group size
<input type="checkbox"/> 30. (e)(1)	Designated director-training
<input type="checkbox"/> 31. (f)(1)	CPR certified program staff
<input type="checkbox"/> 32. (f)(2)	First aid certified program staff
<input type="checkbox"/> 33.	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (a)(2)	Documentation
<input checked="" type="checkbox"/> (f)(1)(2)	Health & Safety training
<input type="checkbox"/> (h)(1)(2)	1% annual hours
<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	SWIMMING ACTIVITIES - <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> (4)(C)(i)	Swimming-Ratios
<input checked="" type="checkbox"/> (e)(6)	Non-swimmers identified
<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Lifeguard-certified-supervising
<input type="checkbox"/> (i)	CONSULTANTS
<input type="checkbox"/> (i)(2)(A-H)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input type="checkbox"/> (F)	Consultant agreements-signed annually
<input checked="" type="checkbox"/> (i)(2)	Agreements complete w/required service
(H)(i)-(I)(i)	Consultant logs-documented activities, observations and required services
	Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	0	/	/
Health	0	/	/
Soc. Serv.	0	/	/
Dietitian			

36. <input checked="" type="checkbox"/>	(a)(1)(A-C)	Children's Enrollment information PARENT PERMISSIONS 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
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)	
38. <input checked="" type="checkbox"/>	(a)(2)(A-B)	
39. <input checked="" type="checkbox"/>	(a)(2)(C)	
40. <input checked="" type="checkbox"/>	(a)(2)(E)	
41. <input checked="" type="checkbox"/>	(a)(3)(A)	
42. <input checked="" type="checkbox"/>	(a)(3)(B)	
43. <input checked="" type="checkbox"/>	(a)(3)(C)(i-ii)	
44. <input checked="" type="checkbox"/>	(a)(3)(D)	
45. <input checked="" type="checkbox"/>	(a)(4)	

HEALTH and SAFETY 19a-79-6a		
46. <input checked="" type="checkbox"/>	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
47. <input checked="" type="checkbox"/>	(a)(2)	Nutritious meals and snacks
48. <input checked="" type="checkbox"/>	(a)(3)	Proper refrigeration-41 degrees
49. <input checked="" type="checkbox"/>	(a)(4)	Menus-1 wk in advance- keep 3 mths
50. <input checked="" type="checkbox"/>	(a)(5)	Food Service Inspection
51. <input checked="" type="checkbox"/>	(a)(6)	Kitchen-clean, safe storage of food/supplies
52. <input checked="" type="checkbox"/>	(a)(7)	Separate hand washing facilities
53. <input checked="" type="checkbox"/>	(a)(8)	Multi-use eating/drinking utensils
54. <input checked="" type="checkbox"/>	(a)(9)	Kitchen separated (Schl age only N/A)
55. <input checked="" type="checkbox"/>	(a)(10)	Children supervised during meal prep
56. <input checked="" type="checkbox"/>	(a)(11)	Handwashing-staff/children
57. <input checked="" type="checkbox"/>	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
58. <input checked="" type="checkbox"/>	(b)(2)	Designated isolation area
59. <input checked="" type="checkbox"/>	(c)	FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
60. <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
61. <input checked="" type="checkbox"/>	(d)	FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a		
62. <input checked="" type="checkbox"/>	(a)(2)	Fire marshal codes/certificate 10/19/25
63. <input checked="" type="checkbox"/>	(b)	Indoor/Outdoor space inspected/approved
64. <input checked="" type="checkbox"/>	(b)(1)-(5)	Construction/expansion/renovation/conversion
65. <input checked="" type="checkbox"/>	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
66. <input checked="" type="checkbox"/>	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
67. <input checked="" type="checkbox"/>	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
68. <input checked="" type="checkbox"/>	(c)(4)	Testing of premises/grounds for chemicals
69. <input checked="" type="checkbox"/>	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
	(c)(5)(B)	Lead Water Test - Date: _____
	(c)(5)(C)	Bact./Chem Test-Date: _____ N/A
70. <input checked="" type="checkbox"/>	(c)(6)(A)	Drinking water available/accessible
	(c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____
71. <input checked="" type="checkbox"/>	(d)(1)	Lead Management Plan _____
		Emergency vehicle access _____

72. <input checked="" type="checkbox"/>	(d)(2)	Walkways maintained
73. <input checked="" type="checkbox"/>	(d)(3)	Windows protected to prevent falls (Schl age only- N/A)
74. <input checked="" type="checkbox"/>	(d)(3)	Window screens
75. <input checked="" type="checkbox"/>	(d)(4)	Glass and mirrors protected to 36"
76. <input checked="" type="checkbox"/>	(d)(5)	Overhead doors-locking devices, spring protectors
77. <input checked="" type="checkbox"/>	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
78. <input checked="" type="checkbox"/>	(d)(7)	Individual storage of clothing/bedding
79. <input checked="" type="checkbox"/>	(d)(8)	Smoking or vaping prohibited on premises/grounds
80. <input checked="" type="checkbox"/>	(d)(8)	Matches/lighters inaccessible
81. <input checked="" type="checkbox"/>	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
82. <input checked="" type="checkbox"/>	(d)(9)	TOILETING
	(d)(10)(A)	Shared toilets/sinks-supervision plan
	(d)(10)(B)	Toileting needs met
	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	(d)(10)(C)	Required toilets/sinks-1:16
	(d)(10)(D)	Required toilets/sinks-1:25 schl age only
	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	(d)(10)(E)	Handwashing staff/children
	(d)(10)(F)	Toilets/sinks located-at the facility or lice premises
	(d)(10)(G)	Well lighted/ventilated toilet rooms
	(d)(10)(H)	Mechanical ventilation (Grp Home)
	(d)(11)	Staff personal articles inaccessible
	(e)(1)	AIR TEMPERATURE
	(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only)
	(e)(2)	Air temp <65°F comfortable (Schl age only)
	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(3)	Water temperature 60 °F - 120 °F
	(e)(4)	Portable space heaters prohibited
	(e)(5)	Walls/ceilings/floors/rugs-clean/good rep:
	(e)(5)	Rugs- not tripping/slipping hazard
	(e)(6)	Hot water/Steam pipes protected
	(e)(7)	Working phone on each level
	(e)(7)	Emergency numbers posted-adjacent to ph
	(e)(7)	Parents provided direct on site phone nur
	(e)(8)	LIGHTING
	(e)(9)	All areas min. 1 foot candle of lighting
	(e)(9)	Adequate lighting-30/50 candle feet-napp
	(e)(10)	children-sufficient lighting to be visible
	(e)(10)	Schl age only-lighting for comfort
	(e)(11)	Light fixtures shielded/shatter proof
	(e)(11)	Potentially hazardous substances, materia
	(e)(12)	labeled, inaccessible
	(e)(12)	Garbage/rubbish-disposed of daily, contain
	(e)(13)	in good repair
	(e)(13)	Stairs-protected/good repair-handrails
	(e)(14-15)	Toxic plants/materials inaccessible
	(e)(16)	Pets or other animals-in good health, writt
	(e)(17)	care plan including access to children
	(e)(17)	Prevention of vermin-openings screened
	(e)(18)	Radon test- Results: _____ N
	(f)(1)(A)	Results posted-Date: _____ (Schls- N)
	(g)(1)	Carbon monoxide detector-each level (N)
	(g)(2)	Program space-adequate-35 sq. ft. per child
	(g)(3)	Equipment-clean and safe, good repair, nor
	(g)(4)	toxic-sturdy, free from protruding nails, ru
		Adequate equipment for rest-cleaned-cots
		(Grp Homes-mats/sleeping bags)
		Air conditioners, water heaters, fuse boxes
		inaccessible
		Developmentally app equipment, materials

<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.	(i)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.	(h)(1)	OUTDOOR SPACE
	(h)(2)	Adequate space- 75 sq. ft. per child
	(h)(3)	Shock absorbing surfaces-minimum 8"
	(h)(4)	Playground free from hazards
	(h)(5)	Nuts, bolts, screws-tight, covered/protected
	(h)(6)	Outside equipment anchored-anchors buried
	(h)(8)	New equip- cert playg. Inspection upon request
	(h)(9)	Drinking water available/accessible
<input checked="" type="checkbox"/> 112.	(h)(7)	Equipment arranged for safety-
<input checked="" type="checkbox"/> 113.	(h)(7)(A)	OUTDOOR PROTECTED/FENCING
	(h)(7)(B)	Playground protected from traffic, water, gullies or other hazards
	(h)(7)(C)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/> 114.	(i)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
	(i)	Rooftop play areas-6 ft. wall/barrier
	(i)	WATER HAZARDS
	(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61
	(i)	Wading pools prohibited
	(i)	Hot tubs/spas/saunas-locked/inaccessible

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan- developmentally appropriate
<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, physical activity
	(b)	Limited access to screen time/video games

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-max 8 (6wks-24mths), max 10 (24-36mths)
<input type="checkbox"/> 120.	(c)(4)	Physical barriers- 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)(A-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<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.	(e)(1)	DIAPERING
	(e)(2)	Diaper area: elevated/sturdy/safety rail
	(e)(3)	Diaper area: used only for this purpose, located in the program area
	(e)(4)	Diaper area: non-porous surface/good repair
	(e)(5)	Diaper area: washed/disinfected after use
	(e)(6)(9)	Diaper area: disposable paper sheets
	(e)(7)	Covered waste receptacle-removed daily
	(e)(8)	Handwashing-staff/children
	(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
		Cloth diapers-written plan developed

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

<input type="checkbox"/> 129.	(n)(1)	LINENS/CLOTHING
	(n)(2)	Linens/emergency clothing available
	(n)(3)	Linens washed weekly or as needed
	(n)(4)	Linens/clothing stored individually
<input type="checkbox"/> 130.	(g)(1)	Cribs/cots cleaned-linens changed when shared
	(g)(1)	SAFE SLEEP
	(g)(2)	Under 12 mths placed on back for sleeping
	(g)(3)	Crib-snug fitting mattress/tightly fitted sheet
	(g)(4)	Alternate sleep position/equipment-medical
	(g)(5)	documentation for medical reason on file
	(g)(6)	Infants allowed to adopt other sleep positions
	(g)(7)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	(g)(8)	No unapproved sleeping-car seats/swings/beds, etc.
<input type="checkbox"/> 131.	(h)(1)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input type="checkbox"/> 132.	(h)(1)	Observe/assess infants at least every 15 minute
<input type="checkbox"/> 133.	(h)(2)	Teething necklaces/bracelets, jewelry inaccessible
<input type="checkbox"/> 134.	(h)(2)	Safe sleep policies posted/parents informed
<input type="checkbox"/> 135.	(i)(1)(2A-C)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/> 136.	(j)	Toddler toys-washed/sanitized weekly
	(k)(1)	No toys/objects less than 1 1/4 " diameter
	(k)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
	(k)(3)	Health consultant visits/documentation
	(k)(4)	FEEDING
	(k)(5)	Infants held for bottles - chairs for feeding individual attn, tummy time, crawl/toddle
<input type="checkbox"/> 137.	(l)(1)	Written feeding schedule from parent-upd
<input type="checkbox"/> 138.	(l)(2)	Unused formula/milk discarded after feedi
<input type="checkbox"/> 139.	(l)(3)	Clean bottles/disposable bottles/appvd was
		Baby food served from dish or whole jar
		Bottles labeled with child's name
		Outdoor spaced fenced-4 ft lic. after 1/1/25
		Outdoor equipment-developmentally appropriate for ages of the children
		Shock ab materials less than 1 1/4 "-or meas in place to ensure their health & safety

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available SLEEP PROVISIONS Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval
<input type="checkbox"/> 148. (b)(1)	
<input type="checkbox"/> 149. (b)(2)	
<input type="checkbox"/> 150. (b)(3)	
<input type="checkbox"/> 151. (b)(4)	
<input type="checkbox"/> 152. (b)(5)	
<input type="checkbox"/> 153. (b)(6)	
<input type="checkbox"/> (b)(6)(A)	
<input type="checkbox"/> (b)(6)(B)	
<input type="checkbox"/> (b)(6)(C)	
<input type="checkbox"/> (b)(6)(D)	
<input type="checkbox"/> 154. (b)(7)	
<input type="checkbox"/> 155. (b)(8)	
<input type="checkbox"/> 156. (b)(9)	
<input type="checkbox"/> (b)(10)	

<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"/> 172. (b)(1)(A)	
<input checked="" type="checkbox"/> (b)(1)(B)	
<input checked="" type="checkbox"/> (i)-(iii)	
<input checked="" type="checkbox"/> 173. (b)(2)	
<input checked="" type="checkbox"/> (b)(3)	
<input checked="" type="checkbox"/> (c)(2)	
<input checked="" 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-79a, 79b, 79c, 79d, 79e, 79f, 79g, 79h, 79i, 79j, 79k, 79l, 79m, 79n, 79o, 79p, 79q, 79r, 79s, 79t, 79u, 79v, 79w, 79x, 79y, 79z

<input checked="" type="checkbox"/> 157. (9a)	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
<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 checked="" 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)	

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

Health + safety training for all staff
 - new regulations/ all items checked
 - Education consultant visit 1/24/25

SIGNATURE OF OEC STAFF: *Ma Miller*
 PRINTED NAME: *Ma Miller*
 SIGNATURE OF PERSON IN CHARGE: *Almeen*
 PRINTED NAME: *Almeen*

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: oc.licensing@ct.gov

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: *2/12/25*
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YINCA Duffy Kidslink

License # 13326

Date: 1/29/25

Observations/Corrections needed:

- # 11 (d)(2)(A), (d)(4)(B), (d)(6)(C) - policies not current on site with new regulations
- # 35 (1)(2)(A-H) - consultant agreements not current with new regulations
- # 40 - 1 care plan for child with Asthma not available
- # 62 - fire marshal not current. send copy to agency
- # 116 (a) educational requirements not current with current regulations

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: Kellerman

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/12/25

Signature: [Signature]
Person in Charge

Print Name: Amiya Green