

Initial    Unannounced Full/Partial    Follow-up    Location Change    Investigation    Other \_\_\_\_\_

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Wallingford Family YMCA Learning Community Date: 1/9/25 Time: 12:50  
Location Address: 112 Rosemary Lane Wallingford Telephone #: 203 697-2150  
e-mail address: ewalter@wallingfordymca.org License #: 14224 Expiration Date: 3/31/29  
Capacity: 80/40 # of Children Present: 47/22 # of Staff Present: 11

**Consent to Inspect Family Child Care Home** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: Investigation 2025-17

**Observations/Corrections needed:**

⑤ 19a-79-9a(b)(5) Storage and labeling of medications - regulation not met when a backpack was observed with an open zipper on a low table in the classroom within reach of children. The backpack contained medications for children. A staff member's personal medication was observed on the counter, next to sink in kitchen area between two classrooms. The gates between the <sup>two</sup> classrooms and kitchen area were open. The staff member's medication was not labeled.

⑤ 19a-79-3a(d)<sup>(2)(A)</sup> Implement program policies - staff did not implement program policy of using a quiet, warm yet firm voice when talking to children when some describe staff member using a frightening tone of voice when speaking to children.

⑤ = Substantiated   NS = Not Substantiated   P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1/23/2025

Signature: Karen Hicks  
(OEC Representative)  
Print Name: Karen Hicks  
Signature: [Signature]  
(Person in Charge)  
Print Name: Emily Walter