

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

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

Program Name:	The Wokeman Boys and Girls Club Delivera Early Learning Center	Date of Inspection:	3/13/25	Time of Arrival:	1145am
Address:	595 Madison Ave	License Number:	70772	Expiration Date:	8/31/28
Town:	Bridgewater	Telephone Number:	908-3381	Summer Care:	Open
Operator:	Wokeman Memorial Association INC	# of Staff Present:	4	# over 3 Present:	10
Email:	Sabrina@Wokemanclub.org	Total Capacity:	52	Total Under 3 capacity:	0
Designated Director:	Shandra Patton	Hours/Days of Operation:	M-F 730am - 600pm		

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

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

LICENSURE PROCEDURES 19a-79-2a	STAFFING and CONSULTANTS 19a-79-4a cont.
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<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 3/13/24	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 27.	(d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 11.	(d)(2)(A)	POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 29.	(d)(4)(C)	Mixed age group-ratios
<input checked="" type="checkbox"/> 12.	(d)(2)(B-C)	Discipline policy	<input checked="" type="checkbox"/> 30.	(d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> 13.	(d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 31.	(d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 14.	(d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 32.	(d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> 15.	(d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 33.	(d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 16.	(d)(4)(C)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34.	(e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy	<input checked="" type="checkbox"/> 35.	(f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies		(f)(2)	Designated director-training
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy		(g)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies		(g)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance-children/staff- keep 1 yr.		(h)(1)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 22.	(f)	ACCESS		(h)(1)(2)	Documentation
<input checked="" type="checkbox"/> 23.	(h)	Immediate access by parents		(i)(1)(2)	Health & Safety training
<input checked="" type="checkbox"/> 24.	(l)	Immediate access by OEC-facility/records		(i)(2)	1% annual hours
<input checked="" type="checkbox"/> 25.	(m)	2.8 yr olds enrolled in preschool-authorization		(j)(1)(2)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 26.	(n)	Motor vehicle laws-transportation		(j)(2)	Swimming-Ratios
<input checked="" type="checkbox"/> 27.	(o)	Capacity		(k)(1)	Non-swimmers identified
<input checked="" type="checkbox"/> 28.	(o)	Respond to OEC-no false, misleading statements or documents		(k)(2)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 29.	(e)(1)	POSTINGS		(k)(3)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 30.	(e)(2)	License posted		(l)(1)	CONSULTANTS
<input checked="" type="checkbox"/> 31.	(e)(3)	OEC Complaint Procedure posted		(l)(2)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> 32.	(e)(4)	Menus posted		(l)(3)	Consultant agreements-signed annually
<input checked="" type="checkbox"/> 33.	(e)(5)	No Smoking posted signs at entrances		(m)	Agreements complete w/required services
<input checked="" type="checkbox"/> 34.	(e)(6)	OEC Inspection report posted or available		(n)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 35.	(e)(6)	Developmental Milestones posted		(o)	Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	0	✓	✓
Health	0	✓	✓
Soc. Serv.	✓	✓	
Dietitian	NA	NA	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME	The Wakeham Boys and Girls Club	LICENSE NUMBER	70772	DATE OF INSPECTION	3-13-25
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RECORD KEEPING 19a-79-5 DeWca ELC

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

PHYSICAL PLANT 19a-79-7a cont.

<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 (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors
<input type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		TOILETING
<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)(D)	Required toilets/sinks-1:25 schl age only
<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 or licensed premises
<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 (Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		AIR TEMPERATURE
<input checked="" type="checkbox"/> 85.	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(3)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
<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 tripping/slipping hazard
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
<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"/>		LIGHTING
<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-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(10)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/> (e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(17)	Radon test- Results: <u>1.4</u> N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(18)	Results posted-Date: <u>2/12/24</u> (Schls-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (f)(1)(A)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(1)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(4)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Developmentally app equipment, materials

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 <u>N/A</u>
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<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 (Schl age only 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)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 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

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>0-12-27</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 established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.		WATER SUPPLY - Public Well (Schools-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>12-28-23</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <u>N/A</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		LEAD PAINT -
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: Y/N Lead Test: Y/N
<input checked="" type="checkbox"/>		Results <u>NA</u>
<input checked="" type="checkbox"/>		Lead Management Plan <u>NA</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

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

PROGRAM NAME	The Wokemans Boys and Girls Club	LICENSE NUMBER	70772	DATE OF INSPECTION	3-13-25
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PHYSICAL PLANT 19a-79-7a cont. *Delwade ELC* UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing 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 measures in place to ensure their health & safety
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input type="checkbox"/> 130.	<input type="checkbox"/> (f)(2)	
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input type="checkbox"/> (f)(3)	
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE		<input type="checkbox"/> (f)(4)	
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/> (g)(2)	
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input type="checkbox"/> (g)(3)	
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input type="checkbox"/> (g)(4)	
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input type="checkbox"/> (g)(5)	
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input type="checkbox"/> (g)(6)	
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	OUTDOOR PROTECTED/FENCING Playground protected from traffic, water, gullies or other hazards		<input type="checkbox"/> (g)(7)	
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft	<input type="checkbox"/> 131.	<input type="checkbox"/> (h)(1)	
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input type="checkbox"/> 132.	<input type="checkbox"/> (h)(1)	
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier	<input type="checkbox"/> 133.	<input type="checkbox"/> (h)(2)	
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i)	WATER HAZARDS Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61	<input type="checkbox"/> 134.	<input type="checkbox"/> (h)(2)	
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input type="checkbox"/> 135.	(i)(1)(2A-C)	
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible	<input type="checkbox"/> 136.	<input type="checkbox"/> (j)	

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate	<input type="checkbox"/> 137.	<input type="checkbox"/> (k)(1)
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS	<input type="checkbox"/> 138.	<input type="checkbox"/> (k)(2)
	<input checked="" type="checkbox"/> (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	<input type="checkbox"/> 139.	<input type="checkbox"/> (k)(3)
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games		<input type="checkbox"/> (k)(4)
				<input type="checkbox"/> (k)(5)

UNDER THREE ENDORSEMENT 19a-79-10 *Y/N* SCHOOL AGE ENDORSEMENT 19a-79-11 *Y/N*

<input type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input type="checkbox"/> 141.	<input type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
<input type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input type="checkbox"/> 142.	<input type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors		<input type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep		<input type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input type="checkbox"/> 143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input type="checkbox"/> 144.	(e)	Ratio- 1:15
<input type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input type="checkbox"/> 145.	(f)	Group size- max. 30
<input type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input type="checkbox"/> 146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities			Head teacher approved- 60%
<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			
	<input type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area			
	<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair			
	<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use			
	<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets			
	<input type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily			
	<input type="checkbox"/> (e)(7)	Handwashing-staff/children			
	<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed			
	<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME: The Workmen Boys and Girls Club LICENSE NUMBER: 70772 DATE OF INSPECTION: 3-13-25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N **MONITORING OF DIABETES 19a-79-13 Y/N**

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<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 type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input type="checkbox"/> 172.	
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)	
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	
<input type="checkbox"/> 153.	SLEEP PROVISIONS	<input checked="" type="checkbox"/> 173. (c)(3)	
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 174. (d)(1)	
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 175. (d)(2)	
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 176. (d)(3)	
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input type="checkbox"/> 177. (e)(1)	
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input type="checkbox"/> 178. (e)(2)	
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input type="checkbox"/> 179. (e)(3)	
<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 Y/N **ADDITIONAL VIOLATION**

<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"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions	
<input checked="" type="checkbox"/> 158. (9a)				
<input checked="" type="checkbox"/> 159.				
<input type="checkbox"/> 160.				

DISCUSSIONS - COMMENTS

<input type="checkbox"/> 161. (b)(3)(A-B)		
<input 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)		

SIGNATURE OF OEC STAFF	<u>Cathy Anderson</u>	SIGNATURE OF PERSON IN CHARGE	<u>Shaniche Foster</u>
PRINTED NAME	<u>Cathy Anderson</u>	PRINTED NAME	<u>Shaniche Foster</u>

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: 3-27-25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Wakeman Boys and Girls Deluca Early Learning Center License # 70772 Date: 3/3/25

Observations/Corrections needed:

- Regulation not in compliance when:
- 18(e)(6) - Developmental milestone sheet is not posted
- 35(1)(2)(A-H) - Educational and Health agreements are not complete with services
- (i)2 - Health consultant has not visited yes. Program opened 8-26-24
- 38 - 2 out of 6 Child health records are not complete (Part II)
- 40 - Care plans are not signed by parents or staff responsible for child
- 161 - 1 medication (Pro-air) on sight without a form, 1 form has the parent section not complete and 1 form missing ~~child's~~ address
- 33(a)(2) - no documentation of new employee orientation for ~~all~~ staff
- 160 ^{(b)(1)(A-C)} - no one on site for 30 minutes that were trained in oral/topical and inhalants (Benadryl and Inhalers on site)
- (b)(1)(D) - no one on site for 30 minutes trained in injectables (Epi-pen on site)
- (b)(2)(C) - training outline on site

Discussed:

- new regulations (provided Policy checker/st). Program must ensure
- all new requirements are in compliance.
- 1 out of 6 Child enrollment forms are missing physician information
- 1 out of 5 staff is missing a medical on site
- Director has until 8-25 to complete the Director 3 credits
- Send Certificates of staff trained in oral/topical inhalants and injectables

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 Anderson
(OEC Representative)

Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Shanda Patten
(Person in Charge)

OEC BY: 3/27/25

Print Name: Shanda Patten