

**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

Name:	Whitney LN Extended Daycare	Date of Inspection:	4/9/25	Time of Arrival:	145PM
Address:	759 Farmington Ave	License Number:	2590	Expiration Date:	4/30/28 (CF)
City:	West Hartford, CT 06119	Telephone Number:	860 2538462	Summer Day:	Closed
Operator:	Whitney LN Extended Daycare	# of Staff Present:	6	Enrollment:	30
Facility:	Whitney Lane Extended Daycare @ gmail	Age Served:	5yrs - 12yrs	Total Capacity:	61
Inspector:	Amanda Place	Days of Operation:	M-F 7:30-5:30 Su 12-5:30	Hours:	

Regulatory Codes: (C) - Regulation in Compliance (N) - Regulation not in Compliance (N/A) - Not Applicable

**LICENSURE PROCEDURES 19a-79-2a**

- 1. (c)(8) Local Health Inspection-Date: 9/7/25
- ADDITIONAL FOR 19a-79-3a**
- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMplete/IMPLEMENTED**
  - (d)(2)(A) Discipline policy
  - (d)(2)(B)(C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
  - 3a(e)(1) License posted
  - 3a(e)(2) OEC Complaint Procedure posted
  - 3a(d)(6)(C) Administrative Oversight Policy
  - 3a(e)(3) Menus posted
  - 3a(e)(4) No Smoking posted signs at entrances
  - 3a(e)(5) OEC Inspection report posted or available
  - 7a(e)(17) Radon test posted (Schls-N/A)

**STAFFING and CONSULTANTS 19a-79-2b**

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

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

PROGRAM NAME: Wintnal Lane Extended Daycare LIC# NUMBER: 12590 DATE: 4/9/25

**RECORD KEEPING 19a-79-7a**

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

**PHYSICAL PLANT 19a-79-7a cont.**

- 79. (d)(8) **SMOKING**
- Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
- Matches/lighters inaccessible
- (d)(8) **TOILETING**
- 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
- 82. (d)(10)(A) **AIR TEMPERATURE**
- (d)(10)(B) Air temp < 65°F comfortable
- (d)(10)(D) Air temp > 80°F - ↑ fluids/ventilation
- (d)(10)(E) Portable space heaters prohibited
- (d)(10)(F) Hot water/Steam pipes protected
- (d)(10)(G) **TELEPHONE/NUMBERS**
- (d)(10)(H) Working phone on each level
- (d)(11) Emergency numbers posted-adjacent to phones
- Parents provided direct on site phone number
- 83. (e)(1) **LIGHTING**
- 84. (e)(2) All areas min. 1 foot candle of lighting
- (e)(4) Enough lighting for comfort
- (e)(6) Light fixtures shielded/shatter proof
- (e)(7) Potentially hazardous substances, materials labeled, inaccessible
- (e)(7) Garbage/rubbish-disposed of daily, containers in good repair
- (e)(7) Stairs-protected/good repair-handrails
- (e)(7) Toxic plants/materials inaccessible
- (e)(7) Pets or other animals-in good health, written care plan including access to children
- 86. (e)(8) Radon test- Results: 1.0 (Schls-N/A)
- 90. (e)(9) Carbon monoxide detector-each level N/A
- 91. (e)(10) Program space-adequate-35 sq. ft. per child
- 94. (e)(11) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- 95. (e)(12) Developmentally app equipment, materials
- 96. (e)(13) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 97. (e)(14-15) Indoor climbing play equipment-shock absorbing materials under and around
- 98. (e)(17) No weapons/no facsimile of a firearm
- 99. (e)(18) **OUTDOOR SPACE**
- 101. (f)(1)(A) Adequate space- 75 sq. ft. per child
- 102. (g)(1) Shock absorbing surfaces-minimum 8"
- 103. (g)(4) Playground free from hazards
- 104. (g)(5) Nuts, bolts, screws-tight, covered/protected
- 107. (g)(6) Outside equipment anchored-anchors buried
- 108. (g)(7) New equip- cert playg. Inspection upon request
- 109. (g)(8) Drinking water available/accessible
- 110. (g)(9) Equipment arranged for safety-
- 111. (h)(1) **OUTDOOR PROTECTED/FENCED**
- 112. (h)(2) Playground protected from traffic, water, gullies or other hazards
- 113. (h)(3) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- 114. (h)(4) Rooftop play areas-6 ft. wall/barrier (N/A)
- (h)(5) **WATER HAZARDS**
- (h)(6) Pools, swimming areas-conforms to DPH (N/A)
- (h)(7) Wading pools prohibited
- (h)(7)(B) Hot tubs/spas/saunas-locked/inaccessible (N/A)
- (h)(7)(C)
- (i)
- (i)
- (i)

**HEALTH and SAFETY 19a-79-5a**

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

**PHYSICAL PLANT 19a-79-7a**

- 62. (a)(2) Fire marshal codes/certificate 3/6/25
- 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. (c)(5)(A) **WATER SUPPLY** - Public Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: 5/29/24
- (c)(5)(C) Bact./Chem Test-Date: (N/A)
- Drinking water available/accessible
- 70. (c)(6)(A) **LEAD PAINT** - Building Pre-78: Y/N Lead Test: Y/N Results \_\_\_\_\_ Lead Management Plan \_\_\_\_\_
- (c)(6)(B-D) Peeling Paint - Y/N Inside/Outside
- 71. (d)(2) Emergency vehicle access
- 72. (d)(3) Walkways maintained
- 73. (d)(5) Windows protected to prevent falls
- 76. (d)(6), (f)(3) Overhead doors-locks/spring protectors (N/A)
- 77. Exits, stairs, hallways unobstructed

- 109. (g)(6)
- 110. (j)
- 111. (h)(1)
- (h)(2)
- (h)(3)
- (h)(4)
- (h)(5)
- (h)(6)
- (h)(8)
- (h)(9)
- 112. (h)(7)
- (h)(7)(B)
- (h)(7)(C)
- 114. (i)
- (i)
- (i)

**CHILD CARE CENTER LICENSING CHILD CARE HOME INSPECTION FORM**

Whitney Lane Extended Daycare

L2590

4/9/25

**SCHOOL AGE ENDORSEMENT 19a-74-H**

**MONITORING OF DIABETER 19a-79-13**

- 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
- 143. (d) Ratio- 1:15
- 144. (e) Group size- max. 30
- 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 146. (g) Designated Head teacher approved- 60%

- 171. (a)(1) Written policies and procedures
- 172.  (b)(1)(A) **STAFF TRAINING**  
Staff training - first aid  
 (b)(1)(B) Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions  
(i)-(iii)  
 (b)(2) Training updated at least every 3 years  
 (b)(3) Written documentation of training  
 (c)(2) Trained staff on site when child is present  
(c)(3) Self-administration - written authorization and under supervision of trained staff
- 173. (d)(1) Equipment provided by parents
- 174. (d)(2) Equipment labeled and inaccessible
- 175. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 177. (e)(1) Authorized prescriber written order
- 178. (e)(2) Written authorization from parent
- 179. (e)(3) Testing results and actions taken - documented and kept on file, ensure parents are notified daily

**ADMINISTRATION OF MEDICATIONS 19a-79-9a**

- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159.  (a)(2) **NONPRESC. TOPICAL MEDICATION**  
Admin/Parent permission/report errors
- (a)(3)(A-B) Labeling and Storage
- (a)(3)(C) Unused/expired meds destroyed/returned
- 160.  (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
- 161. (b)(3)(A-B) Authorized prescriber/parent permission
- 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 163. (b)(4)(A-B) Medication Administration Records (MAR)
- 164. (b)(5)(A-B) Labeling and Storage
- 165. (b)(5)(C) Emergency medication inaccessible
- 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 167. (b)(5)(E) Auto-injector/inhalant equipment
- 168. (b)(6) Self-administration documentation
- 169. (b)(7)(A-B) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage

**ADDITIONAL VIOLATION**

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

**DISCUSSIONS/COMMENTS**

- update policies/educational requirements per new regs. Checklist shown of OEC website.  
- 1 child physical incomplete

Signature of OEC staff: *Ma Keller*  
Printed Name: *Kellerman*

Signature of person in charge: *Amanda Place*  
Printed Name: *Amanda Place*

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](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request.  
Written Corrective Action Plan Due by: *4/23/25*  
CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Whiting Lane Extended Daycare License # 12590 Date: 4/9/25

Observations/Corrections needed:

- Regulations not in compliance when observed:
- #18- old complaint procedure posted. Administrative oversight not posted.
- #30- Director training course not observed. Send copy to agency.
- #33- All staff not conducted health + safety training
- #35- All consultant contracts not current with new regulations.
- #40- 1 care plan not signed by parent. 1 care plan not available for Allergy.
- #104- All vents dusty in bathrooms. White wobbly shelf in room by 3-5 grade side.
- #161- 1 authorization for Benedryl not available
- #160- training outline for Meds not <sup>copy</sup> available

= 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]  
 Print Name: K. Ketterman  
(OEC Representative)

Signature: [Signature]  
 Print Name: Amanda Place  
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

BY: 4/23/25