

**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:	Wallingford YMCA Cook Hill School	Date of Inspection:	4-10-25	Time of Arrival:	1:55
Address:	57 Hall Rd	License Number:	13992	Expiration Date:	3-31-29
Town:	Wallingford 06492	Telephone Number:	203-269-4497	Summer Care:	Closed
Operator:	YMCA of Wallingford Inc	# of Staff Present:	4	# over 3 Present:	24
Email:	ewalter@wallingfordymca.org	Total Capacity:	54	Total Under 3 capacity:	0
Designated Director:	Catherine Librado	Hours/Days of Operation:	M-F 6:45-9:00 3:15-6:00pm		

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

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

1. (c)(8) Local Health Inspection-Date: 3-3-25

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-COMLETE/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"/> 14.	(l)	2.8 yr olds in prek-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.		<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"/> 3a(e)(6)	Dev. Milestones posted
	<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted (Schls-N/A)
	<input checked="" type="checkbox"/> 10(g)(8)	Safe Sleep policy posted

<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"/> 21a.	(b)(2)	Past employment history
<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2)	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.		<u>RATIOS</u>
	<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group
	<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
<input checked="" type="checkbox"/> 28.	(d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.		<u>GROUP SIZE</u>
	<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
	<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group-group size
<input checked="" type="checkbox"/> 30.	(e)(1)	Designated director-training
<input checked="" type="checkbox"/> 31.	(f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 32.	(f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 33.		<u>PROFESSIONAL DEVELOPMENT</u>
	<input checked="" type="checkbox"/> (a)(2)	Documentation of prof. dev/trainings
	<input checked="" type="checkbox"/> (h)(1)	Health & Safety training
	<input checked="" type="checkbox"/> (h)(2)	1% annual hours
<input checked="" type="checkbox"/> 34.		<u>SWIMMING ACTIVITIES - Y/N</u>
	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
	<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
	<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
	<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 35.		<u>CONSULTANTS</u>
	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
	<input checked="" type="checkbox"/> (i) - (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
	<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
	<input checked="" type="checkbox"/> (i)(2)	Consultant visits- Education/Health
	(H)(i)-(I)(i)	

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Wallingford YMCA Cook Hill	LICENSE NUMBER	13992	DATE OF INSPECTION	4.10.25
---------------------	----------------------------	-----------------------	-------	---------------------------	---------

RECORD KEEPING 19a-79-5a

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	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

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"/> 54.	(a)(9)	Kitchen separated (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"/> (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'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 8-16-24
<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
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (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"/> (c)(5)(A)	Lead Water Test - Date: 4.24
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		LEAD PAINT -
	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N Results lead management plan
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan every 6 months
	<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<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
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 79.		SMOKING
	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.		TOILETING
	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
	<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"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (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"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 86.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 88.		WALLS/CEILINGS/FLOORS/RUGS
	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/> 90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 91.		TELEPHONE/TELEPHONE NUMBERS
	<input checked="" type="checkbox"/> (e)(7)	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"/> 94.		LIGHTING
	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
	<input checked="" type="checkbox"/> (e)(16)	Measures to prevent vermin
	<input checked="" type="checkbox"/> (e)(17)	Radon test- Results: 1.1 (Schls-N/A)
	<input checked="" type="checkbox"/> (e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 100.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 101.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 102.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 103.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 104.	(g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Wallingford Cook Hill School	LICENSE NUMBER	13992	DATE OF INSPECTION	4-10-25
---------------------	------------------------------	-----------------------	-------	---------------------------	---------

PHYSICAL PLANT 19a-79-7a cont.	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"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
		<input checked="" type="checkbox"/> (h)(1)	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"/>	112.		OUTDOOR PROTECTED/FENCED
		<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
		<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
		<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"/>	114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
			WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
		<input type="checkbox"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
		<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, moderate and vigorous physical activity that takes place outdoors
		<input checked="" type="checkbox"/> (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

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-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- 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)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<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.		DIAPERING
		<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

	128.		DIAPERING cont.
		<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
			LINENS/CLOTHING
		<input type="checkbox"/> (f)(1)	Linens/emergency clothing available
		<input type="checkbox"/> (f)(2)	Linens washed weekly or as needed
		<input type="checkbox"/> (f)(3)	Linens/clothing stored individually
		<input type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared
			SAFE SLEEP
		<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
		<input type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
		<input type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
		<input type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
		<input type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
		<input type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
		<input type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
		<input type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
		<input type="checkbox"/> (g)(8)	Safe sleep policies - parents informed
			TOYS AND OTHER OBJECTS
		<input type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
		<input type="checkbox"/> (h)(1)	Toddler toys-washed/sanitized weekly
		<input type="checkbox"/> (h)(2)	No toys/objects less than 1 1/4 " diameter
		<input type="checkbox"/> (h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
			Health consultant visits/documentation
			FEEDING
		<input type="checkbox"/> (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
		<input type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
		<input type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings
		<input type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing
		<input type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
		<input type="checkbox"/> (k)(5)	Bottles labeled with child's name
		<input type="checkbox"/> (l)(1)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
			UNDER THREE ENDORSEMENT 19a-79-10 cont.
		<input type="checkbox"/> (l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
			SHOCK ABSORBING MATERIALS
		<input type="checkbox"/> (l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

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

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.		SCHEDULE - ACTIVITIES
		<input checked="" type="checkbox"/> (c)	Written daily program plan-flexible schedule-available to staff/parents
		<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
		<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
		<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
			Ratio- 1:15
			Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Wallingford YMCA Cook Hill	LICENSE NUMBER	13992	DATE OF INSPECTION	4.10.25
---------------------	----------------------------	-----------------------	-------	---------------------------	---------

SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	MONITORING OF DIABETES 19a-79-13 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
--	--

<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%

<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.	<input checked="" type="checkbox"/> (b)(1)(A)	
	<input checked="" type="checkbox"/> (b)(1)(B)	
	(i)-(iii)	
	<input type="checkbox"/> (b)(2)	
	<input checked="" type="checkbox"/> (b)(3)	
	<input checked="" type="checkbox"/> (c)(2)	
<input checked="" type="checkbox"/> 173.	(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)	

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y N

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

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

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

ADDITIONAL VIOLATION

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

DISCUSSIONS/COMMENTS

• All items discussed checked were observed or discussed

• Policy review checklist provided program must ensure policies are updated to reflect new requirements.

• Observed 1 med to have expired 4/1/25

-no regulatory violations cited during this inspection

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff	Jennifer Schutz
Printed Name	Jen Schutz

Signature of person in charge	TJ Brown
Printed Name	TJ Brown

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: NA	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
---	--