

CHILD CARE CENTER and HOME CHILD CARE
INSPECTION FORM

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

Wheeler Regional YMCA Infant	4/21/25	9:40 AM
123 Farmington Ave	12856	8/31/25
Plainville, CT 06062	Phone: 860 793 0514	OPEN
YMCA of Metro Hartford Inc	# of Staff Present: 4	# over 3 Present: 0
Shelly Peters @ gnmymca.org	Total Capacity: 32	Total Under 3 capacity: 32
Shelly Peters		# under 3 Present: 8
		Ages Served: 6W-24M
		M-F 6:30AM-6PM

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

LICENSING REGULATIONS STATE STATUTES

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 7/1/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records																				
<input checked="" type="checkbox"/> 2. (a)	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions																				
<input checked="" type="checkbox"/> 3. (b)	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks																				
<input checked="" type="checkbox"/> 4. (b)(6)	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history																				
<input checked="" type="checkbox"/> 5. (b)(6)	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history																				
<input checked="" type="checkbox"/> 6. (b)(7)(A)	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing																				
<input checked="" type="checkbox"/> 7. (b)(7)(B)	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%																				
<input checked="" type="checkbox"/> 8. (b)(7)(C)	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older																				
<input checked="" type="checkbox"/> 9. (b)(7)(E)	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff																				
<input checked="" type="checkbox"/> 10. (c)(1-4)	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS																				
<input checked="" type="checkbox"/> 11. (d)(2)(A)	<input checked="" type="checkbox"/> 27. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors																				
<input checked="" type="checkbox"/> 11. (d)(2)(B)(C)	<input checked="" type="checkbox"/> 27. (d)(6)	Mixed age group																				
<input checked="" type="checkbox"/> 11. (d)(3)	<input checked="" type="checkbox"/> 27. (d)(4)(D)	Nap time ratio																				
<input checked="" type="checkbox"/> 11. (d)(4)(A)	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 11. (d)(4)(B)	<input checked="" type="checkbox"/> 29. (d)(5)	GROUP SIZE																				
<input checked="" type="checkbox"/> 11. (d)(5)	<input checked="" type="checkbox"/> 29. (d)(5)(A)	Group Size-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 11. (d)(6)	<input checked="" type="checkbox"/> 29. (d)(5)(B)	Group Size-school age field trips/outdoors																				
<input checked="" type="checkbox"/> 11. (d)(6)(C)	<input checked="" type="checkbox"/> 30. (e)(1)	Mixed age group-group size																				
<input checked="" type="checkbox"/> 11. (d)(7)	<input checked="" type="checkbox"/> 31. (f)(1)	Designated director-training																				
<input checked="" type="checkbox"/> 12. (d)(1)	<input checked="" type="checkbox"/> 32. (f)(2)	CPR certified program staff																				
<input checked="" type="checkbox"/> 13. (f)	<input checked="" type="checkbox"/> 33. (a)(2)	First aid certified program staff																				
<input checked="" type="checkbox"/> 14. (l)	<input checked="" type="checkbox"/> 34. (b)(1)	PROFESSIONAL DEVELOPMENT																				
<input checked="" type="checkbox"/> 15. (m)	<input checked="" type="checkbox"/> 34. (h)(2)	Documentation of prof. dev/trainings																				
<input checked="" type="checkbox"/> 16. (n)	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	Health & Safety training																				
<input checked="" type="checkbox"/> 17. (o)	<input checked="" type="checkbox"/> 34. (4)(C)(i)	1% annual hours																				
<input checked="" type="checkbox"/> 18. 3a(e)(1)	<input checked="" type="checkbox"/> 34. (e)(6)	SWIMMING ACTIVITIES - Y/N																				
<input checked="" type="checkbox"/> 18. 3a(e)(2)	<input checked="" type="checkbox"/> 34. (e)(6)	Swimming-Ratios																				
<input checked="" type="checkbox"/> 18. 3a(d)(6)(C)	<input checked="" type="checkbox"/> 35. (i)(1)(A)-(D)	Non-swimmers identified																				
<input checked="" type="checkbox"/> 18. 3a(e)(3)	<input checked="" type="checkbox"/> 35. (i)(2)(A-H)	CPR certified staff-age 20 or older																				
<input checked="" type="checkbox"/> 18. 3a(e)(4)	<input checked="" type="checkbox"/> 35. (F)	Lifeguard-certified-supervising																				
<input checked="" type="checkbox"/> 18. 3a(e)(5)	<input checked="" type="checkbox"/> 35. (i)(2)	CONSULTANTS																				
<input checked="" type="checkbox"/> 18. 3a(e)(6)	<input checked="" type="checkbox"/> 35. (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)																				
<input checked="" type="checkbox"/> 18. 7a(e)(17)		Consultant agreements-signed annually-agreements complete w/required services																				
<input checked="" type="checkbox"/> 18. 10(g)(8)		Consultant logs-documented activities, observations and required services																				
		Consultant visits- Education/Health																				
		<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Health</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Soc. Serv.</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dietitian</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		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"/>
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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 INSPECTION

Wheeler YMCA Infant

4/21/25

DATE OF INSPECTION 4/21/25

RECORDS

PHYSICAL PLANT (cont.)

<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

<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

HEALTH SAFETY

PHYSICAL PLANT (cont.)

<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)

<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"/> (e)(3)	Water temperature 60°F-120°F	
<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited	
<input checked="" type="checkbox"/> (e)(5)	WALLS/CEILINGS/FLOORS/RUGS	
<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair	
<input checked="" type="checkbox"/> (e)(6)	Rugs- not a tripping/slipping hazard	
<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected	
<input checked="" type="checkbox"/> (e)(7)	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"/> (e)(8)	LIGHTING	
<input checked="" type="checkbox"/> (e)(9)	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"/> (e)(10)	Potentially hazardous substances, materials labeled, inaccessible	
<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair	
<input checked="" type="checkbox"/> (e)(12)	Stairs-protected/good repair-handrails	
<input checked="" type="checkbox"/> (e)(13)	Toxic plants/materials inaccessible	
<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"/> (e)(16)	Measures to prevent vermin	
<input checked="" type="checkbox"/> (e)(17)	Radon test- Results: 0.4 (Schts-N/A)	
<input checked="" type="checkbox"/> (e)(18)	Carbon monoxide detector-each level N/A	
<input checked="" type="checkbox"/> (f)(1)(A)	Program space-adequate-35 sq. ft. per child	
<input checked="" type="checkbox"/> (g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust	
<input checked="" type="checkbox"/> (g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)	
<input checked="" type="checkbox"/> (g)(3)	Air conditioners/water heaters/fuse boxes inaccessible	
<input checked="" type="checkbox"/> (g)(4)	Developmentally app equipment, materials	

PHYSICAL PLANT

PHYSICAL PLANT (cont.)

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 8/1/24
<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.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - (Public/Well) (Schools-N/A)
	<input checked="" type="checkbox"/> (e)(5)(B)	Lead Water Test - Date: 7/3/23
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results: Inside/Outside
	<input checked="" type="checkbox"/>	Lead Management Plan
	<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside

<input checked="" type="checkbox"/> 95.	(e)(11)	
<input checked="" type="checkbox"/> 96.	(e)(12)	
<input checked="" type="checkbox"/> 97.	(e)(13)	
<input checked="" type="checkbox"/> 98.	(e)(14-15)	
<input checked="" type="checkbox"/> 99.	(e)(16)	
<input checked="" type="checkbox"/> 100.	(e)(17)	
<input checked="" type="checkbox"/> 101.	(e)(18)	
<input checked="" type="checkbox"/> 102.	(f)(1)(A)	
<input checked="" type="checkbox"/> 103.	(g)(1)	
<input checked="" type="checkbox"/> 104.	(g)(2)	
<input checked="" type="checkbox"/> 105.	(g)(3)	
<input checked="" type="checkbox"/> 106.	(g)(4)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

CHILD CARE CENTER / GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Wheeler YMCA Infant	LICENSE NUMBER	12856	DATE OF INSPECTION	4/21/25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<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"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
		<input checked="" 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

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" 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 checked="" type="checkbox"/>	122.	(d)(2)(A-i-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		DIAPERING
		<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

<input type="checkbox"/>	128.		DIAPERING cont.
		<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
		<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
		<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
		<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
		<input checked="" type="checkbox"/> (e)(6-9)	Covered waste receptacle-removed daily
		<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
		<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
		<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed
<input checked="" type="checkbox"/>	129.		LINENS/CLOTHING
		<input checked="" type="checkbox"/> (f)(1)	Linens/emergency clothing available
		<input checked="" type="checkbox"/> (f)(2)	Linens washed weekly or as needed
		<input checked="" type="checkbox"/> (f)(3)	Linens/clothing stored individually
		<input checked="" type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>	130.		SAFE SLEEP
		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
		<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
		<input checked="" type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
		<input checked="" type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
		<input checked="" type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input checked="" type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
		<input checked="" type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
		<input checked="" type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
		<input checked="" type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
		<input checked="" type="checkbox"/> (g)(8)	Safe sleep policies - parents informed
<input checked="" type="checkbox"/>	131.		TOYS AND OTHER OBJECTS
		<input checked="" type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
		<input checked="" type="checkbox"/> (h)(1)	Toddler toys-washed/sanitized weekly
		<input checked="" type="checkbox"/> (h)(2)	No toys/objects less than 1 1/4 " diameter
		<input checked="" type="checkbox"/> (h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
		<input checked="" type="checkbox"/> (h)(2)	Health consultant visits/documentation
<input checked="" type="checkbox"/>	135.		FEEDING
<input checked="" type="checkbox"/>	136.	(i)(1)(2A-C)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
		<input checked="" type="checkbox"/> (j)	Written feeding schedule from parent-updated
		<input checked="" type="checkbox"/> (k)(1)	Unused formula/milk discarded after feedings
		<input checked="" type="checkbox"/> (k)(2)	Clean bottles/disposable bottles/appvd washing
		<input checked="" type="checkbox"/> (k)(3)	Baby food served from dish or whole jar
		<input checked="" type="checkbox"/> (k)(4)	Bottles labeled with child's name
		<input checked="" type="checkbox"/> (k)(5)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/>	137.	(l)(1)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>	138.	(l)(2)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/>	139.	(l)(3)	

SCHOOL AGE ENDORSEMENT 19a-79-11

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Wheeler YMCA Infant	INSPECTION NUMBER	12856	DATE OF INSPECTION	4/2/25
SCHOOL AGE ENDORSEMENT 19a-79-11	Y/N	MONITORING OF DIABETES 19a-79-13			

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

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
		(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>	174.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	175.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	176.	(d)(3)	Authorized prescriber written order
<input checked="" type="checkbox"/>	177.	(e)(1)	Written authorization from parent
<input checked="" type="checkbox"/>	178.	(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>	179.	(e)(3)	

NIGHT CARE ENDORSEMENT 19a-79-12 (19a-79-12a) Y/N

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

<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.	(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
<input checked="" type="checkbox"/>	160.		MEDICATION TRAINING
		(b)(1)(A/C)	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
<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 checked="" 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 (N/A)

ADDITIONAL VIOLATION

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

-update policies/Educational requirements per new regulations. Checklist

-Water stain(?) in playroom.

-Dusty vent in staff Bathroom

-PO documented for staff

#159-1 Eczema Parent form N/A up to date

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

Signature of OEC staff	Dra Keller	Signature of parent	Megan Ber
Printed Name	Kellerman	Printed Name	4/2/25

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: occl.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 5/5/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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