

CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



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

Address: Wheeler YMCA @ Linden School
69 Linden St
Plainville, CT 06062
YMCA Metro Hartford, INC
em.snow@yahoo.com
Contacted for: Shelly Peters

Inspection Date: 4/25/25
License Number: pending
Telephone Number: 959 223 3671
of Staff Present: 1
Ages Served: 5yrs - 10yrs
Days of Operation: M-F

Time of Arrival: 10am
Summer Session: Closed
Hours of Operation: 6:30-8:30 AM
3:30 PM-6 PM

Action Codes: - Regulation in Compliance - Regulation not in Compliance - Not Applicable at this time

ENSURE PROCEDURES 19a-79-2a

(c)(8) Local Health Inspection-Date: 1/16/25

REGISTRATION 19a-79-3a

- (a) Ensuring health & safety of children
- (b) Overall management of program
- (b)(6) Employee orientation for new program staff
- (b)(6) Annual policy training for program staff
- (b)(7)(A) Child behavior management
- (b)(7)(B) Documentation that parents were informed of behavior management techniques
- (b)(7)(C) Child Protection
- (b)(7)(E) Mandated Reporting
- (c)(1-4) Notification of Change
- 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
- (1)(1) Daily attendance-children/staff- keep 1 yr.
- ACCESS**
- (f) Immediate access by parents
- (h) Immediate access by OEC-facility/records
- (i) Motor vehicle laws-transportation
- (j) Capacity
- (k) Respond to OEC-no false, misleading statements or documents
- 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

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

Wheeler YMCA @ Linden School

pending

4/25

RECORD KEEPING PHYSICAL PLANT

36. <input checked="" type="checkbox"/>	(a)(1)(A-C)	Children's Enrollment information	79. <input checked="" type="checkbox"/>	(d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/group Matches/lighters inaccessible TOILETING Shared toilets/sinks-supervision plan Toileting needs met Required toilets/sinks-1:25 Toileting Supplies-Hand drying-Garb Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94)(Grp H) Staff personal articles inaccessible AIR TEMPERATURE Air temp < 65°F comfortable Air temp > 80°F - ↑ fluids/ventilation Portable space heaters prohibited Hot water/Steam pipes protected TELEPHONE/NUMBERS Working phone on each level Emergency numbers posted-adjacent Parents provided direct on site phone LIGHTING All areas min. 1 foot candle of light Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, labeled, inaccessible Garbage/rubbish-disposed of daily containers in good repair Stairs-protected/good repair-hazardous Toxic plants/materials inaccessible Pets or other animals-in good health care plan including access to children Radon test- Results: _____ Carbon monoxide detector-each room Program space-adequate-35 sq ft Equipment-clean and safe, good condition toxic-sturdy, free from protruding Developmentally appropriate equipment Manufacture guidelines followed equipment and toys-CPSC approved Indoor climbing play equipment absorbing materials under equipment No weapons/no facsimile of weapons OUTDOOR SPACE Adequate space- 75 sq. ft. per child Shock absorbing surfaces-in play areas Playground free from hazards Nuts, bolts, screws-tight, covered Outside equipment anchored New equip- cert playg. Insp Drinking water available Equipment arranged for safety equip/fences/structure: OUTDOOR PROTECTIVE Playground protected from traffic gullies or other hazards Fences installed to protect children self closing and self latching Rooftop play areas-6 ft high WATER HAZARDS Pools, swimming areas Wading pools/prohibited Hot tubs/spas/saunas-
37. <input checked="" type="checkbox"/>	(a)(1)(D)(i)	Emergency medical permission	80. <input checked="" type="checkbox"/>	(e)(1)	
	(a)(1)(D)(ii)	Authorized release permission	81. <input checked="" type="checkbox"/>	(e)(2)	
	(a)(1)(D)(iii)	Field trip permission	82. <input checked="" type="checkbox"/>	(d)(10)(A)	
	(a)(1)(D)(iv)	Transportation permission		(d)(10)(B)	
38. <input checked="" type="checkbox"/>	(a)(2)(A-B)	Child Health Records		(d)(10)(D)	
39. <input checked="" type="checkbox"/>	(a)(2)(C)	Immunization records		(d)(10)(E)	
40. <input checked="" type="checkbox"/>	(a)(2)(E)	Individual care plan-signed by parents/staff		(d)(10)(F)	
41. <input checked="" type="checkbox"/>	(a)(3)(A)	Injury, Illness, Incident, Accident reports		(d)(10)(G)	
42. <input checked="" type="checkbox"/>	(a)(3)(B)	Parent notification of illness or injury		(d)(10)(H)	
43. <input checked="" type="checkbox"/>	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	83. <input checked="" type="checkbox"/>	(d)(11)	
44. <input checked="" type="checkbox"/>	(a)(3)(D)	Notify DPH, local health-reportable diseases	84. <input checked="" type="checkbox"/>	(e)(1)	
45. <input checked="" type="checkbox"/>	(a)(4)	Video recordings- keep 30 days		(e)(2)	

46. <input checked="" type="checkbox"/>	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	86. <input checked="" type="checkbox"/>	(e)(7)
47. <input checked="" type="checkbox"/>	(a)(2)	Nutritious meals and snacks	87. <input checked="" type="checkbox"/>	(e)(7)
48. <input checked="" type="checkbox"/>	(a)(3)	Proper refrigeration-41 degrees	88. <input checked="" type="checkbox"/>	(e)(7)
49. <input checked="" type="checkbox"/>	(a)(4)	Menus-1 wk in advance- keep 3 mths	89. <input checked="" type="checkbox"/>	(e)(8)
50. <input checked="" type="checkbox"/>	(a)(5)	Food Service Inspection (N/A)	90. <input checked="" type="checkbox"/>	(e)(9)
51. <input checked="" type="checkbox"/>	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)	91. <input checked="" type="checkbox"/>	(e)(9)
52. <input checked="" type="checkbox"/>	(a)(7)	Separate hand washing facilities	92. <input checked="" type="checkbox"/>	(e)(10)
53. <input checked="" type="checkbox"/>	(a)(8)	Multi-use eating/drinking utensils	93. <input checked="" type="checkbox"/>	(e)(11)
54. <input checked="" type="checkbox"/>	(a)(9)	Children supervised during meal prep	94. <input checked="" type="checkbox"/>	(e)(12)
55. <input checked="" type="checkbox"/>	(a)(10)	Handwashing-staff/children	95. <input checked="" type="checkbox"/>	(e)(13)
56. <input checked="" type="checkbox"/>	(a)(11)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	96. <input checked="" type="checkbox"/>	(e)(14-15)
57. <input checked="" type="checkbox"/>	(b)(1)	Designated isolation area	97. <input checked="" type="checkbox"/>	(e)(17)
58. <input checked="" type="checkbox"/>	(b)(2)	FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	98. <input checked="" type="checkbox"/>	(e)(18)
59. <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	99. <input checked="" type="checkbox"/>	(f)(1)(A)
	(d)	FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	100. <input checked="" type="checkbox"/>	(g)(1)
			101. <input checked="" type="checkbox"/>	(g)(4)
			102. <input checked="" type="checkbox"/>	(g)(5)
			103. <input checked="" type="checkbox"/>	(g)(6)
			104. <input checked="" type="checkbox"/>	(g)(6)
			105. <input checked="" type="checkbox"/>	(g)(6)
			106. <input checked="" type="checkbox"/>	(g)(6)
			107. <input checked="" type="checkbox"/>	(g)(6)
			108. <input checked="" type="checkbox"/>	(g)(6)
			109. <input checked="" type="checkbox"/>	(g)(6)
			110. <input checked="" type="checkbox"/>	(g)(6)
			111. <input checked="" type="checkbox"/>	(g)(6)

62. <input checked="" type="checkbox"/>	(a)(2)	Fire marshal codes/certificate 8/20/24	112. <input checked="" type="checkbox"/>	(h)(7)
63. <input checked="" type="checkbox"/>	(b)	Indoor/Outdoor space inspected/approved	113. <input checked="" type="checkbox"/>	(h)(7)(B)
64. <input checked="" type="checkbox"/>	(b)(1)-(5)	Construction/expansion/renovation/conversion	114. <input checked="" type="checkbox"/>	(h)(7)(C)
65. <input checked="" type="checkbox"/>	(b)(6)	Space not inspected/approved but used for field trips-written parent permission		(i)
67. <input checked="" type="checkbox"/>	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free		(i)
68. <input checked="" type="checkbox"/>	(c)(4)	Testing of premises/grounds for chemicals		(i)
69. <input checked="" type="checkbox"/>	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)		(i)
	(c)(5)(B)	Lead Water Test - Date: _____ (N/A)		(i)
	(c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)		(i)
70. <input checked="" type="checkbox"/>	(c)(6)(A)	Drinking water available/accessible		(i)
		LEAD PAINT - Building Pre-78: (Y/N) Lead Test: (Y/N)		(i)
		Results _____		(i)
		Lead Management Plan _____		(i)
		Peeling Paint - (Y/N) Inside/Outside		(i)
71. <input checked="" type="checkbox"/>	(c)(6)(B-D)	Emergency vehicle access		(i)
72. <input checked="" type="checkbox"/>	(d)(2)	Walkways maintained		(i)
73. <input checked="" type="checkbox"/>	(d)(3)	Windows protected to prevent falls		(i)
76. <input checked="" type="checkbox"/>	(d)(5)	Overhead doors-locks/spring protectors		(i)
77. <input checked="" type="checkbox"/>	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed (N/A)		(i)

PROGRAM NAME: Wheeler YMCA @ Linden

SCHOOL AGE ENDORSEMENT 15-19-11

140. (b) Approved Schl Age Endorsement

141. (c) **SCHEDULE - ACTIVITIES**
 Written daily program plan-flexible schedule- available to staff/parents
 (c)(1) Activities not a duplication of child's day
 (c)(2) Activities include cognitive, physical, social, emotional needs of the children
 (c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events

43. (d) Ratio- 1:15

44. (e) Group size- max. 30

45. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent

46. (g) Designated Head teacher approved- 60%

LICENSE NUMBER: pending

DATE OF INSPECTION: 4/25/25

MONITORING OF THE CENTER

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) Training updated at least every 3 years
 (b)(2) Written documentation of training
 (b)(3) Trained staff on site when child is present
 (c)(2) Self-administration - written authorization and under supervision of trained staff
 (c)(3) Equipment provided by parents

173. (d)(1) Equipment labeled and inaccessible

174. (d)(2) Signed agreement with parent regarding equipment, supplies, materials to be discarded

175. (d)(3) Authorized prescriber written order

177. (e)(1) Written authorization from parent

178. (e)(2) Testing results and actions taken - documented and kept on file, ensure parents are notified daily

179. (e)(3)

MINISTRATION OF MEDICATION

57. (9a) Written medication policies/procedures

58. (9a) Permit enrollment of children with asthma, allergies, diabetes

59. (a)(2) **NONPRESC. TOPICAL MEDICATION**
 Admin/Parent permission/report errors

60. (a)(3)(A-B) Labeling and Storage
 (a)(3)(C) Unused/expired meds destroyed/returned

161. (b)(1)(A/C) **MEDICATION TRAINING**
 Medication training-general-oral/top/inhalant

162. (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

163. (b)(3)(A-B) Authorized prescriber/parent permission

164. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification

165. (b)(4)(A-B) Medication Administration Records (MAR)

166. (b)(5)(A-B) Labeling and Storage

167. (b)(5)(C) Emergency medication inaccessible

168. (b)(5)(D) Unused/Expired meds-destroyed/returned

169. (b)(5)(E) Auto-injector/inhalant equipment

170. (b)(6) Self-administration documentation

(b)(7)(A-B) Petition for special medication authorization

(d) Potassium Iodide (KI) emergency distribution-permission and storage

(N/A)

ADDITIONAL VIOLATION

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

DISCUSSIONS/COMMENTS

- Dusty vents in Bathrooms

- update Educational Requirements for all other YMCA non school programs in policies per checklist

- All items on checklist discussed

- All measurements on square footage report.

- completed CAP before approval and supervisor reviews

Signature of OEC staff: Sha Kellerman

Signature of person in charge: Emily Snow

OEC DIVISION OF LICENSING
 50 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

Written Corrective Action Plan Due by: pending on licensure

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wheeler YMCA @ Linden School License # pending Date: 4/25/25

Observations/Corrections needed:

Regulations Not in compliance when observed.
#11 - policies for consultative services and professional development missing in policies
#35 - Logs Not observed for Education and Social Service.

- Licensed capacity per Program Coordinator: 100 utilized gym and rate for licensed capacity.

- Discussed rate holds 88 kids, overflow to gym
- cleaning products inaccessible to children

toilets: 10 sinks: 9

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: [Signature]
(OEC Representative)
Print Name: [Name]

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: pending on licensure

Signature: [Signature]
(Person in Charge)
Print Name: Emily Snow