CONNECTICUT

CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING

CONNECTICUT Early Childhood

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

Program Name:	Wallingford YMCA Mary G Fritz	Date of Inspection:	4.30.25	Time of Arrival:	6:51
Address:	415 Church St	License Number:	14468	Expiration Date:	3.31.29
Town:	Wallingford	Telephone Number:	203-269-4497	Summer Care:	closed
Operator:	YMCA of Wallingford Inc.	# of Staff Present:	2	# children Present:	3
Email:	ewalter@wallingfordymca.org	Ages Served:	7-12 yrs	Total Capacity:	55
Designated Director:	Emily Walter	Days of Operation:	M-F	Hours of Operation:	6:45-9 3-6

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

LICENSURE PROCEDURES 19a-79-2a

☐ 1.	(c)(8)	Local Health Inspection-Date: 12.17.23	

ADMINISTRATION 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-79-4a

☑ 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) – (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
	☑ (F)	Consultant logs–documented activities, observations and required services
	☑ (i)(2) (H)(i)-(I)(i)	Consultant visits- Education/Health

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

CHILD CARE CENTER/GROUP CHILD CARE HOME SCHOOL AGE ONLY INSPECTION FORM – page 2

PROGRAM NAME	Wallingford YMCA May Fntz	LICENSE NUMBER	14468	DATE OF INSPECTION	4-30-25

RECORD KEEPING 19a-79-5a

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

HEALTH and SAFETY 19a-79-6a

☑ 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-addt'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 8.14.24
☑ 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.			WATER SUPPLY – Public/Well (Schools-N/A)
	☑	(c)(5)(A)	Lead Water Test – Date: _____
	☑	(c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
	☑	(c)(5)(C)	Drinking water available/accessible
☑ 70.			LEAD PAINT -
	☑	(c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____
	☑		Peeling Paint – Y/N Inside/Outside
☑ 71.	☑	(c)(6)(B-D)	Emergency vehicle access
☑ 72.	(d)(2)		Walkways maintained
☑ 73.	(d)(3)		Windows protected to prevent falls
☑ 76.	(d)(5)		Overhead doors–locks/spring protectors (N/A)
☑ 77.	(d)(6), (f)(3)		Exits, stairs, hallways unobstructed

PHYSICAL PLANT 19a-79-7a cont.

☑ 79.			SMOKING
	☑	(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	☑	(d)(8)	Matches/lighters inaccessible
			TOILETING
☑ 82.	☑	(d)(10)(A)	Shared toilets/sinks–supervision plan
	☑	(d)(10)(B)	Toileting needs met
	☑	(d)(10)(D)	Required toilets/sinks–1:25
	☑	(d)(10)(E)	Toileting Supplies–Hand drying-Garbage
	☑	(d)(10)(E)	Handwashing staff/children
	☑	(d)(10)(F)	Toilets/sinks located at the facility
	☑	(d)(10)(G)	Well lighted/ventilated toilet rooms
	☑	(d)(10)(H)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
☑ 83.	(d)(11)		Staff personal articles inaccessible
☑ 84.			AIR TEMPERATURE
	☑	(e)(1)	Air temp<65°F comfortable
	☑	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
☑ 86.	(e)(4)		Portable space heaters prohibited
☑ 90.	(e)(6)		Hot water/Steam pipes protected
☑ 91.			TELEPHONE/NUMBERS
	☑	(e)(7)	Working phone on each level
	☑	(e)(7)	Emergency numbers posted-adjacent to phones
	☑	(e)(7)	Parents provided direct on site phone number
☑ 94.			LIGHTING
	☑	(e)(8)	All areas min. 1 foot candle of lighting
	☑	(e)(9)	Enough lighting for comfort
	☑	(e)(9)	Light fixtures shielded/shatter proof
☑ 95.	(e)(10)		Potentially hazardous substances, materials labeled, inaccessible
☑ 96.	(e)(11)		Garbage/rubbish-disposed of daily, containers in good repair
☑ 97.	(e)(12)		Stairs-protected/good repair-handrails
☑ 98.	(e)(13)		Toxic plants/materials inaccessible
☑ 99.	(e)(14-15)		Pets or other animals–in good health, written care plan including access to children
☑ 101.	(e)(17)		Radon test- Results: _____ (Schls-N/A)
☑ 102.	(e)(18)		Carbon monoxide detector-each level N/A
☑ 103.	(f)(1)(A)		Program space-adequate-35 sq. ft. per child
☑ 104.	(g)(1)		Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
☑ 107.	(g)(4)		Developmentally app equipment, materials
☑ 108.	(g)(5)		Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
☑ 109.	(g)(6)		Indoor climbing play equipment-shock absorbing materials under and around
☑ 110.	(j)		No weapons/no facsimile of a firearm
☑ 111.			OUTDOOR SPACE
	☑	(h)(1)	Adequate space- 75 sq. ft. per child
	☑	(h)(2)	Shock absorbing surfaces-minimum 8"
	☑	(h)(3)	Playground free from hazards
	☑	(h)(4)	Nuts, bolts, screws-tight, covered/protected
	☑	(h)(5)	Outside equipment anchored–anchors buried
	☑	(h)(6)	New equip- cert playg. Inspection upon request
	☑	(h)(8)	Drinking water available/accessible
	☑	(h)(9)	Equipment arranged for safety- equip/fences/structures not hazardous
☑ 112.			OUTDOOR PROTECTED/FENCED
	☑	(h)(7)	Playground protected from traffic, water, gullies or other hazards
	☑	(h)(7)(B)	Fences installed to protect from water–4 ft, self closing and self latching devices or locks
	☑	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
☑ 114.			WATER HAZARDS
	☑	(i)	Pools, swimming areas-conforms to DPH (N/A)
	☑	(i)	Wading pools prohibited
	☑	(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

PROGRAM NAME	Wallingford YMCA Mary J Fritz	LICENSE NUMBER	14468	DATE OF INSPECTION	4-30-25

SCHOOL AGE ENDORSEMENT 19a-79-11

☑ 140.	(b)	Approved Schl Age Endorsement	
		SCHEDULE - ACTIVITIES	
☑ 141.	☑ (c)	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	
☑ 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%	

ADMINISTRATION OF MEDICATIONS 19a-79-9a (Y/N)

☑ 157.	(9a)	Written medication policies/procedures	
☑ 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	
☑ 159.		NONPRESC. TOPICAL MEDICATION	
	☑ (a)(2)	Admin/Parent permission/report errors	
	☑ (a)(3)(A-B)	Labeling and Storage	
	☑ (a)(3)(C)	Unused/expired meds destroyed/returned	
☑ 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	
☑ 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 (N/A)	

MONITORING OF DIABETES 19a-79-13 (Y/N)

☑ 171.	(a)(1)	Written policies and procedures	
☑ 172.		STAFF TRAINING	
	☑ (b)(1)(A)	Staff training – first aid	
	☑ (b)(1)(B) (i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions	
	☑ (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	
☑ 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff	
☑ 174.	(d)(1)	Equipment provided by parents	
☑ 175.	(d)(2)	Equipment labeled and inaccessible	
☑ 176.	(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	

ADDITIONAL VIOLATION

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

DISCUSSIONS/COMMENTS

- all items checked were observed or discussed
- provided copy of policy review checklist during inspection highlighting changes to the child care center regs effective 10/16/24. Program must ensure policies are updated to reflect new requirements
- no violations cited during inspection

Signature of OEC staff	Jennifer Schultz	Vincenzo Palumbo	Signature of person in charge
Printed Name	Jen Schultz	Vincenzo Palumbo	Printed Name

OEC DIVISION OF LICENSING
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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: —

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