

**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

Center Name:	WHEE II Arden School	Inspection Date:	5/14/25	Approval:	2 PM
Address:	212 King Philip Dr	License No.:	13609	Expires:	10/31/28
City/State/Zip:	West Hartford, CT 06117	Phone No.:	8602338785	Open:	Closed
Director:	WHEE II INC debrench@aol.com Deborah Funke	Age Group:	7	Staff:	55
		Age Range:	5yrs-12yrs	Enrollment:	80
		Hours:	M-F	Notes:	7-8am/3-54pm W-2-54

Inspection Code:  1-3  4-6  7-9  10-12  13-15  16-18  19-21  22-24  25-27  28-30  31-33  34-36  37-39  40-42  43-45  46-48  49-51  52-54  55-57  58-60  61-63  64-66  67-69  70-72  73-75  76-78  79-81  82-84  85-87  88-90  91-93  94-96  97-99  100-102  103-105  106-108  109-111  112-114  115-117  118-120  121-123  124-126  127-129  130-132  133-135  136-138  139-141  142-144  145-147  148-150  151-153  154-156  157-159  160-162  163-165  166-168  169-171  172-174  175-177  178-180  181-183  184-186  187-189  190-192  193-195  196-198  199-201  202-204  205-207  208-210  211-213  214-216  217-219  220-222  223-225  226-228  229-231  232-234  235-237  238-240  241-243  244-246  247-249  250-252  253-255  256-258  259-261  262-264  265-267  268-270  271-273  274-276  277-279  280-282  283-285  286-288  289-291  292-294  295-297  298-300

**LICENSURE PROCEDURES 19-75-2a**

1. (c)(8) Local Health Inspection-Date: 8/27/23

**ADMINISTRATION 76-75-2a**

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. (d)(2)(A)	<b>POLICIES-COMplete/IMPLEMENTED</b>
(d)(2)(B)(C)	Discipline policy
(d)(3)	Child Protection policy
(d)(4)(A)	Closing time policy
(d)(4)(B)	Medical emergency policy
(d)(5)	Multi-Hazards policy-annual drill
(d)(6)	Supervision policy
(d)(6)(C)	General Operating policies
(d)(7)	Administrative Oversight policy
(d)(1)	Personnel policies
(f)	Daily attendance-children/staff- keep 1 yr. ACCESS
(h)	Immediate access by parents
(m)	Immediate access by OEC-facility/records
(n)	Motor vehicle laws-transportation
(o)	Capacity
15. (m)	Respond to OEC-no false, misleading statements or documents
16. (n)	<b>POSTINGS</b>
17. (o)	License posted
3a(e)(1)	OEC Complaint Procedure posted
3a(e)(2)	Administrative Oversight Policy
3a(d)(6)(C)	Menus posted
3a(e)(3)	No Smoking posted signs at entrances
3a(e)(4)	OEC Inspection report posted or available
3a(e)(5)	Radon test posted (Schls-N/A)
7a(e)(17)	

**STAFFING and CONSULTANTS 19-75-2b**

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. (a)(2)	<b>PROFESSIONAL DEVELOPMENT</b>
(h)(1)	Documentation
(h)(2)	Health & Safety training
	1% annual hours
34. (4)(C)(ii-v)	<b>SWIMMING ACTIVITIES - Y/N</b>
(4)(C)(i)	Swimming-Ratios
(e)(6)	Non-swimmers identified
(e)(6)	CPR certified staff-age 20 or older
	Lifeguard-certified-supervising
35. (i)(1)(A)-(D)	<b>CONSULTANTS</b>
(i) -	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
(j)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
(F)	Consultant logs-documented activities, observations and required services
(i)(2)	Consultant visits- Education/Health
(H)(i)-(I)(i)	

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	0	✓	✓
Dietitian	✓	✓	✓



**CHILD CARE**

PROGRAM: **WHEE II Arden School**      13609      5/14/25

SCHOOL AGE: **4-5**      MONTHS: **12**

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement <b>SCHEDULE - ACTIVITIES</b>
<input checked="" type="checkbox"/> 141.	<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
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<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
<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A)	<b>STAFF TRAINING</b>
	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training - first aid
	(i)-(iii)	Staff training - use/storage/maintenance monitoring equipment, reading test results, appropriate actions
	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
	<input checked="" type="checkbox"/> (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
<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> 175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> 177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> 178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 179.	(e)(3)	Testing results and actions taken - documented and kept on file, ensure parents are notified daily

**ADMINISTRATIVE**

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

**ADDITIONAL VIOLATION**

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

- update policies/procedures per new regulations. Checklist on OEC website (att)  
 - More bandaids bandages/gauze pads in first aid kit  
 - Add 1 staff to BCIS roster  
 #35 - Social service agreement not current with new verbiage

*Karla Kellerman*  
*Kellerman*

*Dina Vieira*  
*Dina Vieira*

OEC DIVISION OF LICENSING  
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 Help Desk: (800)282-6063 or (860)500-4450  
 Website: [www.ctoec.org/licensing](http://www.ctoec.org/licensing) Email: [oec.licensing@ct.gov](mailto:oec.licensing@ct.gov)

Written Corrective Action Plan  
 Due by: **5/28/25**

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