

**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 Family YMCA @ E.C Stevens School	Date of Inspection:	5.20.25	Time of Arrival:	7:03
Address:	18 Kondracki Lane	License Number:	13835	Expiration Date:	3.31.24
Town:	Wallingford 06492	Telephone Number:	203.949.1511	Summer Care:	Closed
Operator:	YMCA of Wallingford Inc	# of Staff Present:	3	# over 3 Present:	15
Email:	ewalter@wallingfordymca.org	Total Capacity:	45	Total Under 3 capacity:	0
Designated Director:	Emily Walter	Hours/Days of Operation:	M-F 6:30-9 and 3-6pm		

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: 12.11.23

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
- 14. (l) 2.8 yr olds in prek-authorization
- 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
 - 3a(e)(6) Dev. Milestones posted
 - 7a(e)(17) Radon Test posted (Schls-N/A)
 - 10(g)(8) Safe Sleep policy posted

- 19. (a)(1)
 - 20. (a)(3)
 - 21. (b)
 - 21a. (b)(2)
 - 22. (b)(4)
 - 23. (d)
 - 24. (d)(1)-(e)(2)
 - 25. (d)(2)
 - 26. (d)(3)(A-C)
 - 27.
 - (d)(4)(A)
 - (d)(4)(B)
 - (d)(6)
 - (d)(4)(D)
 - 28.
 - 29.
 - (d)(5)
 - (d)(5)(A)
 - (d)(5)(B)
 - 30. (e)(1)
 - 31. (f)(1)
 - 32. (f)(2)
 - 33.
 - (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
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff
- RATIOS
Ratio 1:10 - Indoors/Outdoors
Mixed age group
Nap time ratio
Supervision-Indoors/Outdoors
- GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff
- PROFESSIONAL DEVELOPMENT
Documentation of prof. dev/trainings
Health & Safety training
1% annual hours
- SWIMMING ACTIVITIES - Y
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 | N/A | | |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Wallingford YMCA @ E.C. Stevens	LICENSE NUMBER	13835	DATE OF INSPECTION	5-20-23
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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
- 54. (a)(9) Kitchen separated (N/A)
- 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-add'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 8-13-24
- 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
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: 9-6-24
- (c)(5)(B) Bact./Chem Test-Date: (N/A)
- (c)(5)(C) Drinking water available/accessible
- 70. (c)(6)(A) LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results Lead management plan
- (c)(6)(B-D) Lead Management Plan every 6 months
- Peeling Paint - Y/N Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.

- 71. (d)(1) Emergency vehicle access
- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens
- 75. (d)(4) Glass/mirrors protected- 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing and bedding
- 79. SMOKING
- (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
- (d)(8) Matches/lighters inaccessible
- 81. (d)(9) Electrical safety - outlets inaccessible - covered or protected
- 82. TOILETING
- (d)(10)(A) Shared toilets/sinks-supervision plan
- (d)(10)(B) Toileting needs met
- (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
- (d)(10)(C) Required toilets/sinks-1:16
- (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 at 3 ft -non-mercury thermometer affixed to wall
- (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
- 86. (e)(3) Water temperature 60°F-120°F
- 87. (e)(4) Portable space heaters prohibited
- 88. WALLS/CEILINGS/FLOORS/RUGS
- (e)(5) Walls/ceilings/floors/rugs-clean/good repair
- (e)(5) Rugs- not a tripping/slipping hazard
- 90. (e)(6) Hot water/Steam pipes protected
- 91. TELEPHONE/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) Adequate lighting-30/50 candle feet-sufficient lighting to be visible
- (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
- 100. (e)(16) Measures to prevent vermin
- 101. (e)(17) Radon test- Results: 0 (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, free from rust
- 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
- 106. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible
- 107. (g)(4) Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Wallingford YMCA E.C. Stevens	LICENSE NUMBER	13835	DATE OF INSPECTION	5.20.25
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PHYSICAL PLANT 19a-79-7a 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 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.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input type="checkbox"/>		(i)	WATER HAZARDS
<input 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 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 checked="" type="checkbox"/>	117.	(b) NA	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 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

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input type="checkbox"/>	128.	(e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
<input type="checkbox"/>		(e)(3)	
<input type="checkbox"/>		(e)(4)	
<input type="checkbox"/>		(e)(5)	
<input type="checkbox"/>		(e)(6-9)	
<input type="checkbox"/>		(e)(7)	
<input type="checkbox"/>		(e)(8)	
<input type="checkbox"/>		(e)(10)(A-C)	
<input type="checkbox"/>		(f)(1)	
<input type="checkbox"/>		(f)(2)	
<input type="checkbox"/>		(f)(3)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared
<input type="checkbox"/>		(f)(4)	
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(2)	
<input type="checkbox"/>		(g)(3)	
<input type="checkbox"/>		(g)(4)	
<input type="checkbox"/>		(g)(5)	
<input type="checkbox"/>		(g)(6)	
<input type="checkbox"/>		(g)(7)	SAFE SLEEP Under 12 mths placed on back for sleeping Crib-slug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed
<input type="checkbox"/>		(g)(8)	
<input type="checkbox"/>		(h)(1)	
<input type="checkbox"/>		(h)(1)	
<input type="checkbox"/>		(h)(2)	
<input type="checkbox"/>		(h)(2)	
<input type="checkbox"/>		(i)(1)(2A-C)	
<input type="checkbox"/>		(j)	
<input type="checkbox"/>		(k)(1)	
<input type="checkbox"/>		(k)(2)	
<input type="checkbox"/>		(k)(3)	
<input type="checkbox"/>		(k)(4)	
<input type="checkbox"/>		(k)(5)	
<input type="checkbox"/>		(l)(1)	TOYS AND OTHER OBJECTS Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4 " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input type="checkbox"/>		(l)(2)	
<input type="checkbox"/>		(l)(3)	
<input type="checkbox"/>		(l)(2)	FEEDING Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/>		(l)(3)	
<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 SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
<input checked="" type="checkbox"/>	141.	(c)	
<input type="checkbox"/>		(c)(1)	
<input type="checkbox"/>		(c)(2)	
<input type="checkbox"/>		(c)(3)	
<input type="checkbox"/>		(d)	
<input type="checkbox"/>		(e)	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME Wallingford YMCA at EC Stevens LICENSE NUMBER 13835 DATE OF INSPECTION 5.20.25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N MONITORING OF DIABETES 19a-79-13 Y/N

<input checked="" type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	<u>STAFF TRAINING</u>
<input checked="" type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – first aid
<input checked="" type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input checked="" type="checkbox"/> 153. <u>SLEEP PROVISIONS</u>		<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<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 ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	<u>NA</u>	Plan conditions <input checked="" type="checkbox"/> N/A

DISCUSSIONS - COMMENTS

all items checked were observed or discussed
- reviewed new regulations effective 10/16/24
- provided copy of updated program policy checklist, program to ensure policies are up to date with new regs
- observed one care plan observed to not be complete
no violations cited during inspection

SIGNATURE OF OEC STAFF	<u>Jennifer Schutz</u>	SIGNATURE OF PERSON IN CHARGE	<u>Catherine Librado Martinez</u>
PRINTED NAME	<u>Jen Schutz</u>	PRINTED NAME	<u>Catherine Librado Martinez</u>

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Inspection shall be posted or available for review upon request.

Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov
 Written Corrective Action Plan Due by: CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>