

**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 YMCA Moses Y Beach ^{School} | Date of Inspection: | 5-28-25 | Time of Arrival: | 3:17 |
| Address: | 340 North Main St - Moses Y Beach ^{School} | License Number: | 13993 | Expiration Date: | 3-31-29 |
| Town: | Wallingford, CT 06492 | Telephone Number: | 203-269-4497 | Summer Care: | Closed |
| Operator: | YMCA of Wallingford, Inc | # of Staff Present: | 5 | # over 3 Present: | 38 |
| Email: | ewalter@wallingfordymca.org | Total Capacity: | 53 | Total Under 3 capacity: | 0 |
| Designated Director: | Emily Walter | Hours/Days of Operation: | M-F 6:45-8:50 3-6 pm | | |

Instruction Codes: = Regulation in Compliance = 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

1. (c)(8) Local Health Inspection-Date: 11-20-23

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-COMLETE/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

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
 - 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
 - 25. (d)(2) Two staff present-age 18 or older
 - 26. (d)(3)(A-C) Personal qualities of staff
 - 27. RATIOS
 - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - (d)(4)(B) Mixed age group
 - (d)(6) Nap time ratio
 - (d)(4)(D) Supervision-Indoors/Outdoors
 - 28. (d)(4)(D) GROUP SIZE
 - (d)(5) Group Size-Indoors/Outdoors
 - (d)(5)(A) Group Size-school age field trips/outdoors
 - (d)(5)(B) Mixed age group-group size
 - 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 of prof. dev/trainings
 - (h)(1) Health & Safety training
 - (h)(2) 1% annual hours
 - 34. SWIMMING ACTIVITIES - Y
 - (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) - Consultant agreements-signed annually-agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health
- | | 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

| | | | | | |
|---------------------|---------------------------------------|-----------------------|-------|---------------------------|---------|
| PROGRAM NAME | Wallingford YMCA Moses & Beach School | LICENSE NUMBER | 13993 | DATE OF INSPECTION | 5.28.25 |
|---------------------|---------------------------------------|-----------------------|-------|---------------------------|---------|

RECORD KEEPING 19a-79-5a

| | | | |
|-------------------------------------|-----|--|--|
| <input checked="" type="checkbox"/> | 36. | (a)(1)(A-C) | Children's Enrollment information |
| <input checked="" type="checkbox"/> | 37. | | PARENT PERMISSIONS |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (a)(1)(D)(i) | Emergency medical permission |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (a)(1)(D)(ii) | Authorized release permission |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (a)(1)(D)(iii) | Field trip permission |
| <input checked="" type="checkbox"/> | | <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 |

HEALTH and SAFETY 19a-79-6a

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| <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) |

PHYSICAL PLANT 19a-79-7a

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|-------------------------------------|-----|---|---|
| <input checked="" type="checkbox"/> | 62. | (a)(2) | Fire marshal codes/certificate 8.16.24 |
| <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. | | WATER SUPPLY - Public/Well (Schools-N/A) |
| | | <input checked="" type="checkbox"/> (c)(5)(A) | Lead Water Test - Date: 9-4-24 |
| | | <input checked="" type="checkbox"/> (c)(5)(B) | Bact./Chem Test-Date: (N/A) |
| | | <input checked="" type="checkbox"/> (c)(5)(C) | Drinking water available/accessible |
| <input checked="" type="checkbox"/> | 70. | | LEAD PAINT |
| | | <input checked="" type="checkbox"/> (c)(6)(A) | Building Pre-78: 0/N Lead Test: 0/N Results: lead management plan |
| | | <input checked="" type="checkbox"/> (c)(6)(B-D) | Lead Management Plan every 6 months |
| | | <input type="checkbox"/> | Peeling Paint - Y/N Inside/Outside |

PHYSICAL PLANT 19a-79-7a cont.

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|-------------------------------------|-----|--|---|
| <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 |
| | | <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)(6) | 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: 0.5 (Schls-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 |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

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|---------------------|---------------------------------------|-----------------------|-------|---------------------------|---------|

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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 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 Y/N

| | | | |
|--------------------------|------|---------------------------------|--|
| <input type="checkbox"/> | 117. | (b) | Approved Under 3 Endorsement |
| <input type="checkbox"/> | 118. | (c)(2) | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) |
| <input type="checkbox"/> | 119. | (c)(3) | Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) |
| <input 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 |

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

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|-------------------------------------|------|--|--|
| <input checked="" type="checkbox"/> | 140. | (b) | Approved Schl Age Endorsement |
| <input checked="" type="checkbox"/> | 141. | | SCHEDULE - ACTIVITIES |
| | | <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 |
| | | | Ratio- 1:15 |
| | | | Group size- max. 30 |
| | | <input checked="" type="checkbox"/> (d) | |
| | | <input checked="" type="checkbox"/> (e) | |

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| SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
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|--|-----|---|
| <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. | | | <u>STAFF TRAINING</u> |
| | <input checked="" type="checkbox"/> (b)(1)(A) | | Staff training – first aid |
| | <input checked="" type="checkbox"/> (b)(1)(B) | | Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions |
| | | <input checked="" type="checkbox"/> (i)-(iii) | |
| | <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 |

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y N

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|--|------------------------------------|--|
| <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 checked="" 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. | | <u>SLEEP PROVISIONS</u> |
| | <input type="checkbox"/> (b)(6) | Individual cot/crib with bedding |
| | <input type="checkbox"/> (b)(6)(A) | Sleeping apparel/toiletries labeled |
| | <input type="checkbox"/> (b)(6)(B) | Required bedding |
| | <input type="checkbox"/> (b)(6)(C) | Required toiletries |
| | <input type="checkbox"/> (b)(6)(D) | Bedding/sleeping apparel laundered weekly |
| | <input type="checkbox"/> (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

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

ADDITIONAL VIOLATION

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

-all items checked were observed or discussed

- review new regulations

- Policy review checklist provided during inspection highlighting changes to the child care center reqs, effective 10/6/24 at sister site Program to ensure policies are updated to reflect new requirements.

-no regulatory violations cited at this inspection.

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

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|-------------------------------|-----------------|
| Signature of OEC staff | Jennifer Schutz |
| Printed Name | Jen Schutz |

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|--------------------------------------|-------------------|
| Signature of person in charge | Catherine Librado |
| Printed Name | Catherine Librado |

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|--|---|
| 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: oec.licensing@ct.gov | Inspection shall be posted or available for review upon request. |
| Written Corrective Action Plan Due by: <i>-na-</i> | CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/ |