

**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:	Phyllis Bodel Childcare Ctr @ med <sup>Yale school</sup>	Date of Inspection:	6-10-25	Time of Arrival:	9:33
Address:	367 Cedar St	License Number:	12647	Expiration Date:	6-30-25
Town:	New Haven, CT 06510	Telephone Number:	203-785-3829	Summer Care:	open
Operator:	Phyllis Bodel childcare center @ Yale Sch of med Inc.	# of Staff Present:	21	# over 3 Present:	15
Email:	Kyle.miller@yale.edu	Total Capacity:	94	Total Under 3 capacity:	72
Designated Director:	Kyle Miller	Hours/Days of Operation:	M-F 7:30-5:30		
# under 3 Present:	34	Ages Served:	6W-9yrs		

Instruction Codes:  = Regulation in Compliance    0 = 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	
<input type="checkbox"/> 1.	(c)(8) Local Health Inspection-Date: _____	<input type="checkbox"/> 19.	(a)(1) Staff health records
<b>ADMINISTRATION 19a-79-3a</b>		<input type="checkbox"/> 20.	(a)(3) Disciplinary actions
<input checked="" type="checkbox"/> 2.	(a) Ensuring health & safety of children	<input type="checkbox"/> 21.	(b) Comprehensive Background Checks
<input checked="" type="checkbox"/> 3.	(b) Overall management of program	<input type="checkbox"/> 21a.	(b)(2) Past employment history
<input type="checkbox"/> 4.	(b)(6) Employee orientation for new program staff	<input type="checkbox"/> 22.	(b)(4) Evidence of compliance with bknd eks/history
<input type="checkbox"/> 5.	(b)(6) Annual policy training for program staff	<input type="checkbox"/> 23.	(d) Adequate staffing
<input type="checkbox"/> 6.	(b)(7)(A) Child behavior management	<input type="checkbox"/> 24.	(d)(1)-(e)(2) Designated head teacher-approved-60%
<input type="checkbox"/> 7.	(b)(7)(B) Documentation that parents were informed of behavior management techniques	<input type="checkbox"/> 25.	(d)(2) Two staff present-age 18 or older
<input type="checkbox"/> 8.	(b)(7)(C) Child Protection	<input type="checkbox"/> 26.	(d)(3)(A-C) Personal qualities of staff
<input type="checkbox"/> 9.	(b)(7)(E) Mandated Reporting	<input type="checkbox"/> 27.	(d)(4)(A) <b>RATIOS</b>
<input type="checkbox"/> 10.	(c)(1-4) Notification of Change	<input type="checkbox"/> 28.	(d)(4)(B) Ratio 1:10 - Indoors/Outdoors
<input type="checkbox"/> 11.	(d)(2)(A) Discipline policy	<input type="checkbox"/> 29.	(d)(4)(B) Mixed age group
<input type="checkbox"/> 12.	(d)(2)(B)(C) Child Protection policy	<input type="checkbox"/> 30.	(d)(6) Nap time ratio
<input type="checkbox"/> 13.	(d)(3) Closing time policy	<input type="checkbox"/> 31.	(d)(4)(D) Supervision-Indoors/Outdoors
<input type="checkbox"/> 14.	(d)(4)(A) Medical emergency policy	<input type="checkbox"/> 32.	(d)(5) <b>GROUP SIZE</b>
<input type="checkbox"/> 15.	(d)(4)(B) Multi-Hazards policy-annual drill	<input type="checkbox"/> 33.	(d)(5)(A) Group Size-Indoors/Outdoors
<input type="checkbox"/> 16.	(d)(5) Supervision policy	<input type="checkbox"/> 34.	(d)(5)(B) Group Size-school age field trips/outdoors
<input type="checkbox"/> 17.	(d)(6) General Operating policies	<input type="checkbox"/> 35.	(e)(1) Mixed age group-group size
<input type="checkbox"/> 18.	(d)(6)(C) Administrative Oversight policy	<input type="checkbox"/> 36.	(f)(1) Designated director-training
<input type="checkbox"/> 19.	(d)(7) Personnel policies	<input type="checkbox"/> 37.	(f)(2) CPR certified program staff
<input type="checkbox"/> 20.	(d)(1) Daily attendance-children/staff- keep 1 yr.	<input type="checkbox"/> 38.	(a)(2) First aid certified program staff
<input type="checkbox"/> 21.	(f) Immediate access by parents	<input type="checkbox"/> 39.	(h)(1) <b>PROFESSIONAL DEVELOPMENT</b>
<input type="checkbox"/> 22.	(h) Immediate access by OEC-facility/records	<input type="checkbox"/> 40.	(h)(2) Documentation of prof. dev/trainings
<input type="checkbox"/> 23.	(l) 2.8 yr olds in prek-authorization	<input type="checkbox"/> 41.	(4)(C)(ii-v) Health & Safety training
<input type="checkbox"/> 24.	(m) Motor vehicle laws-transportation	<input type="checkbox"/> 42.	(4)(C)(i) 1% annual hours
<input type="checkbox"/> 25.	(n) Capacity	<input type="checkbox"/> 43.	(e)(6) <b>SWIMMING ACTIVITIES - Y/N</b>
<input type="checkbox"/> 26.	(o) Respond to OEC-no false, misleading statements or documents	<input type="checkbox"/> 44.	(e)(6) Swimming-Ratios
<input type="checkbox"/> 27.	(g) <b>POSTINGS</b>	<input type="checkbox"/> 45.	(e)(6) Non-swimmers identified
<input type="checkbox"/> 28.	3a(e)(1) License posted	<input type="checkbox"/> 46.	(e)(6) CPR certified staff-age 20 or older
<input type="checkbox"/> 29.	3a(e)(2) OEC Complaint Procedure posted	<input type="checkbox"/> 47.	(e)(6) Lifeguard-certified-supervising
<input type="checkbox"/> 30.	3a(d)(6)(C) Administrative Oversight policy	<input type="checkbox"/> 48.	(i)(1)(A)-(D) <b>CONSULTANTS</b>
<input type="checkbox"/> 31.	3a(e)(3) Menus posted	<input type="checkbox"/> 49.	(i) - Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input type="checkbox"/> 32.	3a(e)(4) No Smoking posted signs at entrances	<input type="checkbox"/> 50.	(i)(2)(A-H) Consultant agreements-signed annually-agreements complete w/required services
<input type="checkbox"/> 33.	3a(e)(5) OEC Inspection report posted or available	<input type="checkbox"/> 51.	(F) Consultant logs-documented activities, observations and required services
<input type="checkbox"/> 34.	3a(e)(6) Dev. Milestones posted	<input type="checkbox"/> 52.	(i)(2) <b>CONSULTANT VISITS- Education/Health</b>
<input type="checkbox"/> 35.	7a(e)(17) Radon Test posted (Schls-N/A)	<input type="checkbox"/> 53.	(H)(i)-(I)(i)
<input type="checkbox"/> 36.	10(g)(8) Safe Sleep policy posted	<input type="checkbox"/> 54.	

	Contracts	Logs	Visits
Education			
Health			
Soc. Serv.			
Dietitian			

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Phyllis Bodel Childcare ctr @ Yale Sch	<b>LICENSE NUMBER</b>	12647	<b>DATE OF INSPECTION</b>	6.10.25
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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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<input type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information	<input type="checkbox"/>	71.	(d)(1)	Emergency vehicle access
<input type="checkbox"/>	37.		<b>PARENT PERMISSIONS</b>	<input type="checkbox"/>	72.	(d)(2)	Walkways maintained
		<input type="checkbox"/>	Emergency medical permission	<input type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
		<input type="checkbox"/>	Authorized release permission	<input type="checkbox"/>	74.	(d)(3)	Window screens
		<input type="checkbox"/>	Field trip permission	<input checked="" type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 36"
		<input type="checkbox"/>	Transportation permission	<input type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records	<input type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input type="checkbox"/>	39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input type="checkbox"/>	79.		<b>SMOKING</b>
<input type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input type="checkbox"/>		(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury	<input type="checkbox"/>		(d)(8)	Matches/lighters inaccessible
<input type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>	81.	(d)(9)	Electrical safety – outlets inaccessible - covered or protected
<input type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/>	82.		<b>TOILETING</b>
<input type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days				Shared toilets/sinks-supervision plan

**HEALTH and SAFETY 19a-79-6a**

<input type="checkbox"/>	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input type="checkbox"/>	83.	(d)(10)(A)	Toileting needs met
<input type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>	84.	(d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
<input type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:16
<input type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/>		(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)	<input checked="" type="checkbox"/>		(d)(10)(F)	Toilets/sinks located at the facility
<input type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		(d)(10)(G)	Well lighted/ventilated toilet rooms
<input type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input type="checkbox"/>	83.	(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input type="checkbox"/>	54.	(a)(9)	Kitchen separated (N/A)	<input checked="" type="checkbox"/>	84.	(d)(11)	Staff personal articles inaccessible
<input type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input type="checkbox"/>		(e)(1)	<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children	<input type="checkbox"/>		(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input type="checkbox"/>		(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>	86.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	59.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>	87.	(e)(4)	Portable space heaters prohibited
		<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -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"/>	88.		<b>WALLS/CEILINGS/FLOORS/RUGS</b>
		<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input type="checkbox"/>	90.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
				<input type="checkbox"/>	91.	(e)(5)	Rugs- not a tripping/slipping hazard
				<input type="checkbox"/>	94.	(e)(6)	Hot water/Steam pipes protected
				<input type="checkbox"/>		(e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
				<input type="checkbox"/>		(e)(7)	Working phone on each level
				<input type="checkbox"/>		(e)(7)	Emergency numbers posted-adjacent to phones
				<input type="checkbox"/>		(e)(7)	Parents provided direct on site phone number
				<input checked="" type="checkbox"/>		(e)(8)	<b>LIGHTING</b>
				<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 type="checkbox"/>	95.	(e)(10)	Light fixtures shielded/shatter proof
				<input type="checkbox"/>	96.	(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
				<input type="checkbox"/>	97.	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
				<input type="checkbox"/>	98.	(e)(13)	Stairs-protected/good repair-handrails
				<input checked="" type="checkbox"/>	99.	(e)(14-15)	Toxic plants/materials inaccessible
				<input type="checkbox"/>	100.	(e)(16)	Pets or other animals-in good health, written care plan including access to children
				<input type="checkbox"/>	101.	(e)(17)	Measures to prevent vermin
				<input checked="" type="checkbox"/>	102.	(e)(18)	Radon test- Results: _____ (Schls-N/A)
				<input type="checkbox"/>	103.	(f)(1)(A)	Carbon monoxide detector-each level (N/A)
				<input type="checkbox"/>	104.	(g)(1)	Program space-adequate-35 sq. ft. per child
				<input type="checkbox"/>	105.	(g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
				<input type="checkbox"/>	106.	(g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
				<input type="checkbox"/>	107.	(g)(4)	Air conditioners/water heaters/fuse boxes inaccessible
							Developmentally app equipment, materials

**PHYSICAL PLANT 19a-79-7a**

<input type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate _____	<input type="checkbox"/>	95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved	<input type="checkbox"/>	96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input type="checkbox"/>	97.	(e)(12)	Stairs-protected/good repair-handrails
<input type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input type="checkbox"/>	98.	(e)(13)	Toxic plants/materials inaccessible
<input type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	<input checked="" type="checkbox"/>	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)	<input type="checkbox"/>	100.	(e)(16)	Measures to prevent vermin
<input type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input type="checkbox"/>	101.	(e)(17)	Radon test- Results: _____ (Schls-N/A)
<input type="checkbox"/>	69.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)	<input type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level (N/A)
		<input type="checkbox"/>	Lead Water Test - Date: _____	<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
		<input type="checkbox"/>	Bact./Chem Test-Date: _____ (N/A)	<input type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		<input type="checkbox"/>	Drinking water available/accessible	<input type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input type="checkbox"/>	70.	(c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results _____	<input type="checkbox"/>	106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
		<input type="checkbox"/>	Lead Management Plan _____	<input type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials
		<input type="checkbox"/>	Peeling Paint - Y/N Inside/Outside				

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<input type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		<b>OUTDOOR SPACE</b>
<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 type="checkbox"/>	112.		<b>OUTDOOR PROTECTED/FENCED</b>
<input type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<b>WATER HAZARDS</b>
<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 type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
<input 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 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 checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" 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 checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/>	128.		<b>DIAPERING</b>
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input type="checkbox"/>	128.	(e)(2)	<b>DIAPERING cont.</b>
<input checked="" type="checkbox"/>		(e)(3)	Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/>		(e)(4)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/>		(e)(5)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/>		(e)(6-9)	Diaper area: disposable paper sheets
<input checked="" type="checkbox"/>		(e)(7)	Covered waste receptacle-removed daily
<input checked="" type="checkbox"/>		(e)(8)	Handwashing-staff/children
<input checked="" type="checkbox"/>		(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input checked="" type="checkbox"/>	129.		Cloth diapers-written plan developed
<input checked="" type="checkbox"/>		(f)(1)	<b>LINENS/CLOTHING</b>
<input checked="" type="checkbox"/>		(f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/>		(f)(3)	Linens washed weekly or as needed
<input checked="" type="checkbox"/>		(f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/>	130.		Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>		(g)(1)	<b>SAFE SLEEP</b>
<input checked="" type="checkbox"/>		(g)(1)	Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/>		(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/>		(g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/>		(g)(3)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/>		(g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/>		(g)(5)	No unapproved sleeping-car seats/swings/beds, etc.
<input type="checkbox"/>		(g)(6)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/>		(g)(7)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/>		(g)(8)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>	131.		Safe sleep policies - parents informed
<input checked="" type="checkbox"/>		(h)(1)	<b>TOYS AND OTHER OBJECTS</b>
<input checked="" type="checkbox"/>		(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>		(h)(2)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/>		(h)(2)	No toys/objects less than 1 1/4 " diameter
<input type="checkbox"/>		(i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>		(j)	Health consultant visits/documentation
<input checked="" type="checkbox"/>		(k)(1)	<b>FEEDING</b>
<input checked="" type="checkbox"/>		(k)(2)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/>		(k)(3)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/>		(k)(4)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/>		(k)(5)	Clean bottles/disposable bottles/appvd washing
<input type="checkbox"/>		(l)(1)	Baby food served from dish or whole jar
<input type="checkbox"/>	137.		Bottles labeled with child's name
<input type="checkbox"/>		(l)(2)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input type="checkbox"/>	138.		Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/>	139.		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 type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/>	141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
<input type="checkbox"/>		(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<input type="checkbox"/>		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/>		(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/>	143.	(e)	Ratio- 1:15
<input type="checkbox"/>	144.		Group size- max. 30

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>		<i>Phyllis Bodel Childcare Ctr @ Yale</i>	<b>LICENSE NUMBER</b>	<i>12647</i>	<b>DATE OF INSPECTION</b>	<i>6-10-25</i>
<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>			<input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input type="checkbox"/> 171.	(a)(1)	Written policies and procedures	
<input type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input type="checkbox"/> 172.	(b)(1)(A)	<b>STAFF TRAINING</b>	
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>			<input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input type="checkbox"/> 173.	(c)(3)	Training updated at least every 3 years	
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input type="checkbox"/> 174.	(d)(1)	Written documentation of training	
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> 175.	(d)(2)	Trained staff on site when child is present	
<input checked="" type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> 176.	(d)(3)	Self-administration - written authorization and under supervision of trained staff	
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input type="checkbox"/> 177.	(e)(1)	Equipment provided by parents	
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input type="checkbox"/> 178.	(e)(2)	Equipment labeled and inaccessible	
<input type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>	<input type="checkbox"/> 179.	(e)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded	
	(b)(6)	Individual cot/crib with bedding			Authorized prescriber written order	
	(b)(6)(A)	Sleeping apparel/toiletries labeled			Written authorization from parent	
	(b)(6)(B)	Required bedding			Testing results and actions taken - documented and kept on file, ensure parents are notified daily	
	(b)(6)(C)	Required toiletries				
	(b)(6)(D)	Bedding/sleeping apparel laundered weekly				
	(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				
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>			<input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions <i>(N/A)</i>	
<input type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	<b>DISCUSSIONS/COMMENTS</b>			
<input checked="" type="checkbox"/> 159.	(a)(2)	<b>NONPRESC. TOPICAL MEDICATION</b>	<p><i>- all items checked were discussed or observed.</i></p> <p><i>- observed 1 stained ceiling tile in penguins bathroom</i></p> <p><i>all items not checked / marked observed during 6/9/25 visit</i></p> <p><i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i></p>			
	(a)(3)(A-B)	Admin/Parent permission/report errors				
	(a)(3)(C)	Labeling and Storage				
	(a)(3)(C)	Unused/expired meds destroyed/returned				
<input type="checkbox"/> 160.	(b)(1)(A/C)	<b>MEDICATION TRAINING</b>				
	(b)(1)(D)	Medication training-general-oral/top/inhalant				
	(b)(1)(E)	Injectable premeasured autoinjector medication				
	(b)(1)(F)	Rectal medication				
	(b)(2)(A-B)	Injectable other than premeasured auto-injector				
	(b)(2)(C)	Training approval documents/certificates				
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Training outline on file				
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Authorized prescriber/parent permission				
	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage				
<input type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible				
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment				
<input checked="" 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 <i>(N/A)</i>				

<b>Signature of OEC staff</b>	<i>Jennifer Schulz</i>	<b>Signature of person in charge</b>	
<b>Printed Name</b>	<i>Jen Schulz</i>	<b>Printed Name</b>	<i>Kyle Miller</i>

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>		Inspection shall be posted or available for review upon request.	
Written Corrective Action Plan Due by: <i>6.24.25</i>		CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Phyllis Bodel Childcare Ctr @ License # 12647 Date: 6-10-29

Observations/Corrections needed: Yale sch of med

#161 observed one authorized prescriber form indicating zyrtec or certizine and benedryl was on site  
- observed one authorized prescriber form for motrin to be expired/updated. Medication is current

Discuss

Program has CO detector on-site, verify with Yale facilities is CO detector required. Heat may be generated from a different building / address.

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: Jennifer Schultz Jen Schultz  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Kyle Miller Kyle Miller  
(Person in Charge)

OEC BY: 6-24-25

## Resolving Disputed Violations

If you are cited for a violation of the child care licensing regulations and you do not understand the violation or why you were cited, you should:

- Ask the specialist to explain the violation, and show you which regulation was violated.
- If you still disagree that there is a violation of a regulation, you may ask for a supervisory review. You may call (860) 500-4450 and ask to speak with the supervisor of who covers your town, or in the case of a complaint investigation, ask to speak with the supervisor of the investigations unit.
- If you still wish to dispute the violation after a supervisory review, you may contact the Agency at (860) 500-4450 and request a managerial review. The manager will decide if the evidence shows a violation exists.
- A provider/operator may request a formal hearing only when the Agency issues a statement of charges and the provider wishes to contest a proposed action against the license.

The provider/operator is responsible for submitting a plan of correction to the Agency to correct any violation of the child care licensing regulations.

### Core Elements of an Acceptable Corrective Action Plan

Family child care homes, group child care homes and child care centers are required to submit a corrective action plan to the Office of Early Childhood **within 14 days from the date of inspection** when they have been cited for violating a licensing regulation(s). A corrective action plan informs OEC about the way(s) that the program has corrected the violation(s) to ensure continued compliance.

#### **A corrective action plan must contain the following information, at a minimum, in order to be considered acceptable by OEC:**

- A statement as to **how** and **when** the violation was corrected; and,
- in cases where a permanent correction is not immediately possible, **how** and **when** the violation will be corrected and **what** temporary measures have been put in place.

Please review your Corrective Action Plan prior to submitting it to the Agency to be sure all of the violations have been addressed.