

**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:	Phelps Ingersoll Ctr for Children @ McDonough	Date of Inspection:	8/14/25	Time of Arrival:	2:00 pm
Address:	44 Hamlin St.	License Number:	70119	Expiration Date:	8/31/29
Town:	Middletown Ct 06457	Telephone Number:	860-343-6227	Summer Care:	Closed
Operator:	Young Men's Christian Association of Northern Middlesex County, Inc	# of Staff Present:	—	# over 3 Present:	—
Email:	khwilbert@mcdymca.org	Total Capacity:	16	Total Under 3 capacity:	0
Designated Director:	Karlyn Hwilbert	Hours/Days of Operation:			Closed 8:30-4:00 pm M-F

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**

**STAFFING and CONSULTANTS 19a-79-4a**

1. (c)(8) Local Health Inspection-Date: 8/13/25

- 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)
  - (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 - WN**  
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  |  |  |  |

**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

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

<b>PROGRAM NAME</b> Phyllis M... @ Mc Donough	<b>LICENSE NUMBER</b> 70119	<b>DATE OF INSPECTION</b> 8/14/25
--	--------------------------------	--------------------------------------

**RECORD KEEPING 19a-79-5a**

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		<b>PARENT PERMISSIONS</b>
<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**

<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)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
		<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"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

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

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 8/13/25
<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.		<b>WATER SUPPLY</b> -Public Well (Schols-N/A)
		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: 6/23/25
		<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.	<input checked="" type="checkbox"/> (c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results
		<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan
		<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside

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

<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.		<b>SMOKING</b>
		<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.		<b>TOILETING</b>
		<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)
		(d)(11)	Staff personal articles inaccessible
			<b>AIR TEMPERATURE</b>
		<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
		(e)(3)	Water temperature 60°F-120°F
		(e)(4)	Portable space heaters prohibited
			<b>WALLS/CEILINGS/FLOORS/RUGS</b>
		<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
		<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
		(e)(6)	Hot water/Steam pipes protected
			<b>TELEPHONE/TELEPHONE NUMBERS</b>
		<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
			<b>LIGHTING</b>
		<input checked="" type="checkbox"/> (e)(8)	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
		(e)(9)	Enough lighting for comfort
		<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
			Potentially hazardous substances, materials labeled, inaccessible
		<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
		(e)(12)	Stairs-protected/good repair-handrails
		(e)(13)	Toxic plants/materials inaccessible
		(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
			Measures to prevent vermin
		(e)(16)	Radon test- Results: (Schls-N/A)
		(e)(17)	Carbon monoxide detector-each level N/A
		(e)(18)	Program space-adequate-35 sq. ft. per child
		(f)(1)(A)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		(g)(1)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
		(g)(2)	Air conditioners/water heaters/fuse boxes inaccessible
		(g)(3)	Developmentally app equipment, materials
		(g)(4)	

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

<b>PROGRAM NAME</b>	Phillips Ingersoll Ctr for Children @ McDonough	<b>LICENSE NUMBER</b>	70119	<b>DATE OF INSPECTION</b>	8/14/25
---------------------	---	-----------------------	-------	---------------------------	---------

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

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. OUTDOOR SPACE
  - (h)(1) Adequate space- 75 sq. ft. per child
  - (h)(2) Shock absorbing surfaces-minimum 8"
  - (h)(3) Playground free from hazards
  - (h)(4) Nuts, bolts, screws-tight, covered/protected
  - (h)(5) Outside equipment anchored-anchors buried
  - (h)(6) New equip- cert playg. Inspection upon request
  - (h)(8) Drinking water available/accessible
  - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. OUTDOOR PROTECTED/FENCED
  - (h)(7) Playground protected from traffic, water, gullies or other hazards
  - (h)(7)(A) Fences installed to protect from hazards-4 ft
  - (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
  - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. WATER HAZARDS
  - (i) Pools, swimming areas- (N/A) conforms to 19-13-B33b and 19a-36-B61
  - (i) Wading pools prohibited
  - (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

- 128.
  - (e)(2)
  - (e)(3)
  - (e)(4)
  - (e)(5)
  - (e)(6-9)
  - (e)(7)
  - (e)(8)
  - (e)(10)(A-C)
- 129.
- 130.
  - (f)(1)
  - (f)(2)
  - (f)(3)
  - (f)(4)
  - (g)(1)
  - (g)(1)
  - (g)(1)
  - (g)(2)
  - (g)(3)
  - (g)(4)
  - (g)(5)
  - (g)(6)
  - (g)(7)
  - (g)(8)
  - (h)(1)
  - (h)(1)
  - (h)(2)
  - (h)(2)
- 131.
- 135.
- 136.
  - (i)(1)(2A-C)
  - (j)
  - (k)(1)
  - (k)(2)
  - (k)(3)
  - (k)(4)
  - (k)(5)
- 137.
  - (l)(1)
- 138.
  - (l)(2)
- 139.
  - (l)(3)

**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

**LINENS/CLOTHING**  
 Linens/emergency clothing available  
 Linens washed weekly or as needed  
 Linens/clothing stored individually  
 Cribs/cots cleaned-linens changed when shared

**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

**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)

Outdoor equipment-developmentally appropriate for ages of the children  
 Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 116. (a) EDUCATIONAL REQUIREMENTS
  - (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
  - (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

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
- 120. (c)(4) Physical barriers separating each group of children- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs/Pack-n-Plays -in compliance w/CPSC
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. DIAPERING
  - (e)(1) Diaper area: elevated/sturdy/safety rail

**SCHOOL AGE ENDORSEMENT 19a-79-11** Y/N

- 140. (b) Approved Schl Age Endorsement
- 141. SCHEDULE - ACTIVITIES
  - (c) Written daily program plan-flexible schedule-available to staff/parents
  - (c)(1) Activities not a duplication of child's day
  - (c)(2) Activities include cognitive, physical, social, emotional needs of the children
  - (c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
- 143. (d) Ratio- 1:15
- 144. (e) Group size- max. 30

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

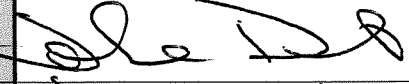
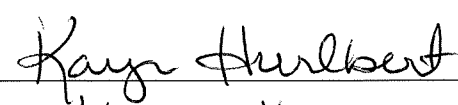
<b>PROGRAM NAME</b> Phelps 11/25/2011 Ctr for Catholic @ McDonough	<b>LICENSE NUMBER</b> 70119	<b>DATE OF INSPECTION</b> 8/14/25
--	--------------------------------	--------------------------------------

<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>MONITORING OF DIABETES 19a-79-13</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 checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A)	<b>STAFF TRAINING</b> 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)	
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
				<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher		<input checked="" type="checkbox"/> (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment provided by parents
			<input checked="" type="checkbox"/> 175.	(d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 177.	(e)(1)	Authorized prescriber written order
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 178.	(e)(2)	Written authorization from parent
<input type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> 179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
	<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			

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>ADDITIONAL VIOLATION</b>
---	-----------------------------

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			
<input type="checkbox"/> 159.		<b>NONPRESC. TOPICAL MEDICATION</b>	<b>DISCUSSIONS/COMMENTS</b> "Policy review checklist provided during inspection highlighting changes to the child care center regulations, effective October 16, 2024. Program must ensure policies are updated to reflect new requirements."  NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.		
	<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.		<b>MEDICATION TRAINING</b>			
	<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 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 checked="" 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 checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization			
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution—permission and storage (N/A)			

<b>Signature of OEC staff</b>			<b>Signature of person in charge</b>
<b>Printed Name</b>	Johanne Dabo	Kayn Hurlbert	<b>Printed Name</b>

<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:oc.licensing@ct.gov">oc.licensing@ct.gov</a>	Inspection shall be posted or available for review upon request.
Written Corrective Action, Plan Due by: <u>Open to opening</u>	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: Phelps Ingersoll Ctr for Children @ McDonough License # 70119 Date: 8/14/25

Observations/Corrections needed:

# 104 (g)(1): Program not in compliance with regulations when observed must in the future.

All items on the inspection were observed and/or discussed.

Still needed  
- building and zoning final approvals.

Measurements

Rx-K room:  $(20.42 \times 31.04) + \left( \frac{20.42 \times 15.31}{2} \right) = 633.84 + 156.32 =$

$790.155 \div 35 = 22.57$

\*~~Production~~ Due to amount of toilet Capacity will be 14

- Toilets 1
- Sinks 3
- Staff Bath: 1

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: [Signature]  
(OEC Representative)  
Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: RWR to opening

Signature: [Signature]  
(Person in Charge)  
Print Name: Karyn Hurlbert

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Phelps Ingersoll Ct for Children @ McDonough License # 70119 Date: 8/14/25

Observations/Corrections needed:

Playground measurement

$$(40.9 \times 26.2) + \left(\frac{16 \times 18.1}{2}\right) + (40.9 \times 34) + \left(\frac{40.9 \times 27.2}{2}\right)$$

$$1,071.58 + 144.8 + 1,390.6 + 556.24 = 3,163.22 \div 75 = 42.18$$

OK 42

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: [Signature]

Print Name: Shanne Dalo  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: River to opening

Signature: [Signature]

Print Name: Karen Hurlbert  
(Person in Charge)