



DIVISION OF LICENSING

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 Email: oc.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	PHYLLIS BODEL CHILDCARE CTR @ YALE SCH MED				License Number	DCCC.12647	Date of Inspection	01/11/2024		
					Expiration Date	6/30/2025	Time of Inspection	09:00 AM		
Address	367 CEDAR ST NEW HAVEN CT 06510-3222				Telephone	(203) 785-3829	Licensed Capacity	94		
					Hours of Operation	FROM: 8:00AM TO: 5:30PM; PM HOURS FROM: TO:	Infant/Toddler Capacity	72		
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open		
New Address					Minimum Age Served	6 weeks	Maximum Age Served	9 years	Water Supply	Public Water
					Program's Email	kyle.miller@yale.edu				
Operator	PHYLLIS BODEL CHILDCARE CTR @ YALE SCH OF MED INC				Name of Inspector	Bridget Merrill				
Director	KYLE S MILLER				Inspector's Email	bridget.merrill@ct.gov				
Key:	Compliant = X	# of Infants - Toddlers Present	36	# of Total Children Present	51	# of Staff Present	24	Type of Inspection	UNANNOUNCED INSPECTION - FULL	
	Non-Compliant = O									

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date: 05/19/2022	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

O	1b. Administration	(a)Failed to ensure the safety, health and development of the children when children were observed eating in high chairs in Guppies without the use of safety straps and a staff purse was accessible to children in a cubby in the Penguins.
X	1bb. Capacity	
X	2. New Staff – Employee Orientation	
X	3. Annual Staff Policy Training	
X	3b. Managing child behavior	
X	4. Documentation of Behavior M. Tech Discussed w/parents	
X	4b. Failure to report	

X	5. Notification of Change	
X	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
X	7. Daily Attendance Records- staff and children	
ITEMS POSTED – ACCESSIBLE		
X	8. License	
X	9. Fire Marshal certificate	
	Date	09/08/2023
X	10. OEC Complaint procedure	
	11. Food Service Certificate	N/A?
	Date	X
X	12. Menus	
X	13. Emergency plans	
X	14. No Smoking Signs	
X	15. Radon Test	N/A?
	Date	Results
	03/25/20	.5
X	15a. Developmental Milestones	
X	15b. Access	
X	15bb. Endorsements	
STAFFING 19a-79-4a		
X	15c. Staffing	
X	16. Staff Health records – TB tests	
X	17. Professional development	
X	18. Disciplinary actions	
X	18b. Background checks	

X	19. Designated Head Teacher					
X	20. Two Staff present					
X	20a. Staff Qualities					
X	21. Ratio: 1 staff to 10 children					
X	21b. Supervision					
X	22. Group Size – maximum 20 children					
X	23. Designated director - Training					
X	24. CPR Certified Staff (Group Home N/A)					
X	25. First Aid Trained Staff					
X	26. Consultants- Agreements and Contracts					
X	27. Logs – Visits documented					
	Not in Compliance?	Education	Health	Social Service	Dental	Dietician N/A? X
	Contracts					
	Logs					
	Do they take children swimming?	N SWIMMING				
X	28. Non-swimmers identified					
X	29. Staff/Child Ratios					
X	30. CPR certified staff (20 years of age)					
X	31. Lifeguard certified - supervision					
RECORD KEEPING 19a-79-5a						
X	32. Enrollment information					
X	33. Emergency medical permission					
X	34. Authorized release permission					
X	35. Field trip permission					
X	36. Transportation permission					

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain complete health records for 1 child who is missing documentation of TB risk.	
<input type="radio"/>	38. Individual care plan (signed by parents and staff)	Failed to maintain individual care plans for child that wears a medical device while in care (helmet).	
<input checked="" type="checkbox"/>	39. Injury, Illness, Accident reports		
HEALTH AND SAFETY 19a-79-6a			
<input checked="" type="checkbox"/>	40. Nutritious snacks and meals (required food groups)		
<input checked="" type="checkbox"/>	41. Proper refrigeration (max 45°)		
<input checked="" type="checkbox"/>	42. Kitchen separated	N/A?	
<input checked="" type="checkbox"/>	43. Hand washing – before eating or food handling		
<input type="radio"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory	Failed to maintain complete first aid kit(s) for outdoor use. Outdoor first aid kit manuals are more than 5 years old.	
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/>	45. License premises – clean, good repair, hazard free		
<input checked="" type="checkbox"/>	47b. Plans for new construction, expansion, renovation or conversion		
<input checked="" type="checkbox"/>	48. Sanitary drinking fountains – disposable cups		
<input checked="" type="checkbox"/>	49. Lead Water Test (N/A?) 11/14/2022	Bacterial/Chemical Test (N/A?)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	50. Walkways maintained		
<input checked="" type="checkbox"/>	51. Designated staff toilet/sink		
<input checked="" type="checkbox"/>	52. All openings for ventilation screened		
<input checked="" type="checkbox"/>	53. Windows protected to prevent falls		
<input checked="" type="checkbox"/>	54. Glass protected up to 36"		
<input checked="" type="checkbox"/>	55. Overhead doors – locking devices, spring protectors		
<input checked="" type="checkbox"/>	56. Exits, Hallways and Stairs unobstructed		

X	57. Individual storage of clothing and bedding	
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
O	60. Electrical safety – outlets/cords	Failed to ensure that electrical outlets are covered with safety covers or are approved safety outlets in the great hall.
X	61. Toileting needs met	
X	62. Required toilets, sinks, supplies	
X	63. Potty chairs – nonporous, emptied, disinfected	
X	64. Hand washing after toileting – staff and children	
X	65. Ventilation in toilet rooms	
X	66. Air temperature 65 degrees, thermometer affixed	
O	67. Water temperature 60° – 115°	Failed to ensure the water temperature is between 60-115 degrees when the hot water temperature at the Penguins hand wash sink was over 120 degrees.
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
X	70. Rugs secure	
X	71. Hot water, steam pipes protected	
X	72. Working phone on each level	
X	73. Emergency numbers posted	
X	74. Adequate lighting - 50/30 candle feet	
X	75. Light fixtures shielded, shatter proof	
O	76. Potentially hazardous substances locked	Failed to ensure that potentially hazardous substances are stored in a locked area when cleaners in the closet between Sea Lions and Octopus rooms was unlocked.
X	77. Garbage, rubbish disposed daily	

X	78. Stairs protected, good repair, handrails	
X	79. Pets – maintained, care plan	Y/N N
X	80. Operable CO detector on each level	N/A? N
X	81. Program space-adequate square footage per child	
O	82. Equipment clean, good repair, safe, non-toxic	Failed to ensure that equipment is free from protruding nails, rust, toxic material and other hazards when rust was observed on the inside of the Puffins microwave.
X	83. Cots stored, maintained, adequate number	
X	84. Developmentally appropriate equipment	
X	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N
X	86. No weapons, no facsimile of a firearm on premises	
OUTDOOR SPACE		
X	87. Outdoor space - adequate square footage per child	
X	88. Impact absorbing material under equipment	
X	89. Playground free from hazards	
X	92. Equipment anchored, safely arranged	
X	93. Outdoor play area protected, fenced	
X	94. Drinking water available, accessible	
EDUCATIONAL REQUIREMENTS 19a-79-8a		
X	95. Written plan for daily program available to parents/staff	
X	96. Schedule – Activity choices and Program	Activity choices: developmentally appropriate, flexible, meets individual needs Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up
ADMINISTRATION OF MEDICATIONS 19a-79-9a		
X	97. Written policies, procedures	
X	98. Training outline on file	

NONPRESCRIPTION TOPICAL MEDICATIONS		
O	99. Administration, parent permission, MAR	Failed to maintain written parent permission for medication for 2 children in Guppies and 1 child in Star Fish.
X	100. Labeling, storage	

ORAL/TOPICAL/INHALENT MEDICATIONS						
X	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">O/T/I</td> <td style="padding: 2px;">Injectable</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Y</td> <td style="text-align: center; padding: 2px;">Y</td> </tr> </table>	O/T/I	Injectable	Y	Y	
O/T/I	Injectable					
Y	Y					
X	102. Authorized prescriber, parent permission, MAR					
X	103. Labeling, storage					
X	104. Unused, expired meds returned/disposed					

SELF-ADMINISTRATION		
X	105. Authorized prescriber, parent permission, MAR	
X	106. Labeling, storage	
X	107. Approved petition for special medication authorization	

		INFANT/TODDLER ENDORSEMENT 19a-79-10
Yes	Is there an approved endorsement?	
X	109. Approved endorsement	
X	110. Ratio: 1 staff to 4 children	
X	111. Group size: no larger than 8	
X	112. Physical barriers, groups of 8 (indoors and outdoors)	
X	113. Adequate sinks in program space	
X	114. Free standing, well-constructed, safe cribs	
X	115. Washable cots	
X	116. Chairs for feeding, stable, safety straps, locking tray	
X	117. Developmentally appropriate tables, chairs, equipment	
X	118. Refrigerators and food prep facilities	

X	119. Diaper area- sturdy, safety rail, nonporous, exclusive use			
X	120. Diaper area- washed, disinfected			
X	121. Diaper area- disposable paper sheets			
X	122. Covered waste receptacle			
X	123. Diaper changing policy posted, followed			
X	124. Hand washing policy posted, followed			
X	125. Individual storage of personal items			
X	126. Cribs/cots washed and disinfected			
X	127. Under 12 months- placed on back for sleeping			
X	128. Alternate sleep position- equipment, medical documentation	Yes	No	
			X	
X	129. Crib, bed used for infant sleeping			
X	130. Crib, bed free from observable hazards			
X	131. Infant toys separate, washed, disinfected daily			
X	132. No toys, objects less than 1/1/4" diameter			
X	133. Plastic bags, balloons, Styrofoam objects inaccessible			
X	134. Health consultant, doc. of visits			
X	135. Infants held for bottles, indiv. attention, tummy time			
X	136. Written statement, feeding schedule from parent			
X	137. Unused portions of liquids discarded			
X	138. Clean Bottles, disp. bottles, approved bottle washing			
X	139. Food served from dish or whole jar served			
X	140. Bottles individually identified with child's name			

OUTDOOR PLAY SPACE - UNDER THREE

X	141. Play space fenced	
X	142. Outdoor equipment developmentally appropriate	
Yes	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
X	143. Approved endorsement	
X	144. Activity choices appropriate	
X	145. Ratio – 1 staff to 10 children	
X	146. Group size – maximum 20 children	
X	147. Education Consultant appropriate	
No	Is there an approved endorsement?	NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)
	148. Approved endorsement	
	149. Written program plan, supervision	
	150. Staff awake and available	
	151. Cot, crib, bedding, toiletries, sleep apparel	
	152. Individual storage of personal items	
	153. Bedding, sleeping apparel laundered weekly	
N	Child with diabetes enrolled?	MONITORING OF DIABETES 19a-79-13
X	154. Written policies and procedures	
X	155. On site staff trained in first aid, glucose testing	
X	156. Training current and documented	
X	157. Supervision of self-administration	
X	158. Equipment, supplies labeled and inaccessible	

X	159. Signed agreement with parents regarding equipment	
X	160. Materials discarded appropriately	
X	161. Authorized prescriber, parent permission	
X	162. Documentation of test results, actions taken	
X	163. Daily written parent notification	

ADDITIONAL VIOLATIONS




	62. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	

<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS:

COMMENTS:

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Bridget Merrill (Printed Name)	 (Printed Name)	01/25/2024	Kyle Miller (Printed Name)