Connecticut Office of Early Childhood

DIVISION OF LICENSING
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Email: oec.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	LAKE GARDA FUN CLUB	**License Number**	DCCC.12844	**Date of Inspection**	03/04/2024
		Expiration Date	10/31/2025	**Time of Inspection**	03:10 PM
Address	61 MONCE RD BURLINGTON CT 06013-2540	**Telephone**	(860) 675-7830	**Licensed Capacity**	80
		Hours of Operation	M-F 7:00AM-9:00AM; 3:30PM-6:00PM	**Infant/Toddler Capacity**	0
Is this a Change of Address?	Yes?	No? X		**Summer Care**	Closed
New Address		**Minimum Age Served**	5 years	**Maximum Age Served**	12 years
		Water Supply	Public Well		
		Program's Email	barbara@bbgc.org		
Operator	BRISTOL BOYS & GIRLS CLUB ASSOCIATION	**Name of Inspector**	Betty Mayer		
Director	Barbara A Holt z	**Inspector's Email**	elizabeth.mayer@ct.gov		
Key: Compliant = X Non-Compliant = O	**# of Infants – Toddlers Present** 0	**# of Total Children Present** 11	**# of Staff Present** 2	**Type of Inspection**	UNANNOUNCED INSPECTION - FULL

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection Date: 05/04/2022	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

X	1b. Administration	
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** 08/31/2023	
X	**10. OEC Complaint procedure**	
	11. Food Service Certificate **Date**	**N/A?** X
X	**12. Menus**	
X	**13. Emergency plans**	
X	**14. No Smoking Signs**	
	15. Radon Test **Date** / **Results**	**N/A?** X
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**	
	21. Ratio: 1 staff to 10 children	
X	**21b. Supervision**	
	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**	

X	**37. Child health records and immunizations**	
X	**38. Individual care plan (signed by parents and staff)**	
X	**39. Injury, Illness, Accident reports**	
	HEALTH AND SAFETY 19a-79-6a	
X	**40. Nutritious snacks and meals (required food groups)**	
X	**41. Proper refrigeration (max 45°)**	
X	**42. Kitchen separated**	**N/A?**
X	**43. Hand washing – before eating or food handling**	
X	**44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory**	
	PHYSICAL PLANT 19a-79-7a	
X	**45. License premises – clean, good repair, hazard free**	
X	**47b. Plans for new construction, expansion, renovation or conversion**	
X	**48. Sanitary drinking fountains – disposable cups**	
	49. Lead Water Test (N/A?) X	**Bacterial/Chemical Test (N/A?)** X
X	**50. Walkways maintained**	
X	**51. Designated staff toilet/sink**	
	52. All openings for ventilation screened	
X	**53. Windows protected to prevent falls**	
	54. Glass protected up to 36”	
X	**55. Overhead doors – locking devices, spring protectors**	
X	**56. Exits, Hallways and Stairs unobstructed**	

	57. Individual storage of clothing and bedding	
X	**58. Smoking prohibited**	
X	**59. Matches and lighters inaccessible**	
	60. Electrical safety – outlets/cords	
X	**61. Toileting needs met**	
X	**62. Required toilets, sinks, supplies**	
	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**	
	67. Water temperature 60° – 115°	
X	**68. Portable space heaters**	
X	**69. Walls, ceilings, floors and rugs – clean, good repair**	
	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**	
X	**76. Potentially hazardous substances locked**	
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?** **Y**	
X	**81. Program space- adequate square footage per child**		
X	**82. Equipment clean, good repair, safe, non-toxic**		
	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	
X	**99. Administration, parent permission, MAR**	
X	**100. Labeling, storage**	
	ORAL/TOPICAL/INHALENT MEDICATIONS	
X	**101. Med trained staff, certificates** **O/T/I**: Y **Injectable**: Y	
X	**102. Authorized prescriber, parent permission, MAR**	
O	**103. Labeling, storage**	**Failed to maintain proper labeling of medication. Observed epipen without original prescription label.**
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**	
No	**Is there an approved endorsement?**	**INFANT/TODDLER ENDORSEMENT 19a-79-10**
	109. Approved endorsement	
	110. Ratio: 1 staff to 4 children	
	111. Group size: no larger than 8	
	112. Physical barriers, groups of 8 (indoors and outdoors)	
	113. Adequate sinks in program space	
	114. Free standing, well-constructed, safe cribs	
	115. Washable cots	
	116. Chairs for feeding, stable, safety straps, locking tray	
	117. Developmentally appropriate tables, chairs, equipment	
	118. Refrigerators and food prop facilities	

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

OUTDOOR PLAY SPACE - UNDER THREE		
	141. Play space fenced	
	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	

YES or NO? Yes	**WERE VIOLATIONS CITED DURING THIS VISIT?**

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.

B Mayer **(Signature of OEC Representative)**	**(Signature of OEC Representative)**	**DATE CORRECTIONS DUE BY:**	Joseph Czajkowski **(Signature of Person in Charge)**
Betty Mayer **(Printed Name)**	**(Printed Name)**	**03/18/2024**	**Joseph Czajkowski** **(Printed Name)**