



DIVISION OF LICENSING

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 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	BRIDGEPORT YMCA/KOLBE EDUCATIONAL CENTER				License Number	DCCC.16131	Date of Inspection	09/13/2024
					Expiration Date	4/30/2025	Time of Inspection	08:49 AM
Address	401 KOSSUTH ST BRIDGEPORT CT 06608-2318				Telephone	(203) 332-6447	Licensed Capacity	192
					Hours of Operation	MONDAY-FRIDAY 7:30AM-5:30PM	Infant/Toddler Capacity	40
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Minimum Age Served	6 weeks	Maximum Age Served	5 years
					Program's Email	Jrivera@cccymca.org		
Operator	CENTRAL CONNECTICUT COAST YMCA				Name of Inspector	Cathy Anderson		
Director	JADETTE E RIVERA				Inspector's Email	catherine.anderson@ct.gov		
Key: Compliant = X Non-Compliant = O	# of Infants - Toddlers Present	33	# of Total Children Present	103	# of Staff Present	25	Type of Inspection	UNANNOUNCED INSPECTION - FULL

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date: 09/05/2024	
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	

O	5. Notification of Change	Failed to provide notification of change of personnel changes for a new education consultant	
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	09/20/2023	
X	10. OEC Complaint procedure		
X	11. Food Service Certificate	N/A?	
	Date	12/31/2024	
X	12. Menus		
X	13. Emergency plans		
X	14. No Smoking Signs		
X	15. Radon Test	N/A?	
	Date	Results	
	12/06/2004	0.3	
X	15a. Developmental Milestones		
X	15b. Access		
X	15bb. 32-36 mths enrolled in prek-permissions		
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		

<input checked="" type="checkbox"/>	19. Designated Head Teacher																									
<input checked="" type="checkbox"/>	20. Two Staff present																									
<input checked="" type="checkbox"/>	20a. Staff Qualities																									
<input checked="" type="checkbox"/>	21. Ratio: 1 staff to 10 children																									
<input checked="" type="checkbox"/>	21b. Supervision																									
<input checked="" type="checkbox"/>	22. Group Size – maximum 20 children																									
<input checked="" type="checkbox"/>	23. Designated director - Training																									
<input checked="" type="checkbox"/>	24. CPR Certified Staff (Group Home N/A)																									
<input checked="" type="checkbox"/>	25. First Aid Trained Staff																									
<input type="checkbox"/>	26. Consultants- Agreements and Contracts	Failed to maintain current consultant agreements by the Social Service, Dental and Dietitian Consultants																								
<input type="checkbox"/>	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs for the Dental, Dietitian and Social Service Consultants																								
	Not in Compliance?	<table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician</th> <th>N/A?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Contracts</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Logs</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician	N/A?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Contracts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Logs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education	Health	Social Service	Dental	Dietician	N/A?																					
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Logs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
	Do they take children swimming?	N SWIMMING																								
<input checked="" type="checkbox"/>	28. Non-swimmers identified																									
	29. Staff/Child Ratios																									
<input checked="" type="checkbox"/>	30. CPR certified staff (20 years of age)																									
<input checked="" type="checkbox"/>	31. Lifeguard certified - supervision																									
RECORD KEEPING 19a-79-5a																										
<input type="checkbox"/>	32. Enrollment information	Failed to maintain complete enrollment information for each child for 5 out of 14 child files the physician information is not complete.																								
<input checked="" type="checkbox"/>	33. Emergency medical permission																									
<input type="checkbox"/>	34. Authorized release permission	Failed to maintain authorized release permission forms for 2 out of 14 child files.																								
<input checked="" type="checkbox"/>	35. Field trip permission																									
<input checked="" type="checkbox"/>	36. Transportation permission																									

X	37. Child health records and immunizations	
O	38. Individual care plan (signed by parents and staff)	Failed to maintain complete individual care plans when the care plans on site are photocopied with staff names that does not state which care plan was reviewed by 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		
O	45. License premises – clean, good repair, hazard free	Failed to maintain the building, equipment and services: 101-blind cord not secured and is assessable to children. Gross motor-blind cord not secured and is assessable to children Blue vinyl couches and blue vinyl chairs throughout are peeling.
X	47b. Plans for new construction, expansion, renovation or conversion	
X	48. Sanitary drinking fountains – disposable cups	
X	49. Lead Water Test (N/A?) 09/22/2022	Bacterial/Chemical Test (N/A?) X
X	50. Walkways maintained	
X	51. Designated staff toilet/sink	
X	52. All openings for ventilation screened	
X	53. Windows protected to prevent falls	
X	54. Glass protected up to 36"	
X	55. Overhead doors – locking devices, spring protectors	
X	56. Exits, Hallways and Stairs unobstructed	

X	57. Individual storage of clothing and bedding	
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
X	60. Electrical safety – outlets/cords	
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	
X	67. Water temperature 60° – 115°	
X	68. Portable space heaters	
O	69. Walls, ceilings, floors and rugs – clean, good repair	Failed to maintain rugs in a good state of repair when observed in room 102 the circle time rug is frayed.
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	
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 Y
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	
X	83. Cots stored, maintained, adequate number	
X	84. Developmentally appropriate equipment	
X	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N Y
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	
O	89. Playground free from hazards	Failed to ensure the playground free from hazards when observed 2 play kitchens not secured and rubber surface has holes and poses a tripping 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					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">O/T/I</td> <td style="width: 90%; text-align: center;">Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">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					
Yes	Is there an approved endorsement?	INFANT/TODDLER ENDORSEMENT 19a-79-10				
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					
O	116. Chairs for feeding, stable, safety straps, locking tray	Failed to maintain safety straps on all high chairs when observed 2 infants in tall high chairs not strapped in. I discussed it with the staff and the infants were strapped in .				
X	117. Developmentally appropriate tables, chairs, equipment					
X	118. Refrigerators and food prop facilities					

O	119. Diaper area-sturdy, safety rail, nonporous, exclusive use	Failed to ensure the exclusive use of the diaper area when observed a folder laying on the changing table in Toddler 2		
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	
No	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
	143. Approved endorsement	
	144. Activity choices appropriate	
	145. Ratio – 1 staff to 15 children	
	146. Group size – maximum 30 children	
	146b. 4 yr olds enrolled in school age-permissions	
	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	



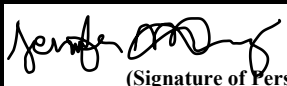
YES or NO?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

Computer monitors throughout are not secured
 2 outlets on the power strip not protected in room 101
 1 out of 10 staff are missing documentation of annual policy training
 1 out 14 child files are missing the child's start date

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: 09/27/2024	 (Signature of Person in Charge)
Cathy Anderson (Printed Name)	 (Printed Name)		Jennifer Muniz (Printed Name)