



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 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	YMCA PALS V DAY CARE				License Number	DCCC.15649	Date of Inspection	10/04/2024		
					Expiration Date	8/31/2025	Time of Inspection	01:56 PM		
Address	850 PARK AVE BRIDGEPORT CT 06604-4615				Telephone	(203) 334-5551	Licensed Capacity	136		
					Hours of Operation	MONDAY-FRIDAY 7:30AM-5:30PM	Infant/Toddler Capacity	0		
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open		
New Address					Minimum Age Served	3 years	Maximum Age Served	13 years	Water Supply	Public Water
					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	0	# of Total Children Present	34	# of Staff Present	8	Type of Inspection	UNANNOUNCED INSPECTION - FULL		

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date: 09/29/2023	
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 observed a child's care plan for a chronic illness states Benadryl and it is not on site.
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	
O	9. Fire Marshal certificate	Failed to maintain a current fire marshal inspection. The 1 on site expired on 9/29/2024. Please email a copy to the OEC.
	Date	09/29/2023
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
	04/27/1999	0.4
X	15a. Developmental Milestones	
X	15b. Access	
X	15bb. 32-36 mths enrolled in prek-permissions	
STAFFING 19a-79-4a		
X	15c. Staffing	
O	16. Staff Health records – TB tests	Failed to maintain current and complete medical statement(s) 1 out of 8 expired on 7/8/2024 1 out of 8 have physician information not complete
O	17. Professional development	Failed to document professional development 2 out of 8 staff have no professional development documentation on site.
X	18. Disciplinary actions	
O	18b. Background checks	Failed to ensure staff have completed background checks for 2 staff working with children

<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 for the Health and Dental Consultants																								
<input type="checkbox"/>	27. Logs – Visits documented	Failed to document the activities and observations. The Health Consultant has no documentation of visiting the program since 11/17/2023.																								
	Not in Compliance?	<table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician N/A?</th> <th>X</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Contracts</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Logs</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician N/A?	X		<input type="checkbox"/>		<input type="checkbox"/>			Contracts	<input type="checkbox"/>		<input type="checkbox"/>			Logs	<input type="checkbox"/>				
Education	Health	Social Service	Dental	Dietician N/A?	X																					
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Logs	<input type="checkbox"/>																									
Do they take children swimming? Y SWIMMING																										
<input checked="" type="checkbox"/>	28. Non-swimmers identified																									
<input checked="" type="checkbox"/>	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: 6 out of 10 are missing the Physician information 1 out of 10 are missing the work information																								
<input checked="" type="checkbox"/>	33. Emergency medical permission																									
<input type="checkbox"/>	34. Authorized release permission	Failed to maintain complete authorized release permission forms: 2 out of 10 are missing numbers of authorized release individuals 1 out of 10 do not have anyone documented for a authorized release																								
<input checked="" type="checkbox"/>	35. Field trip permission																									
<input checked="" type="checkbox"/>	36. Transportation permission																									

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain complete and current health records for children: 1 out of 10 are expired 1 out of 10 have the chronic illness section incomplete	
<input type="radio"/>	38. Individual care plan (signed by parents and staff)	Failed to maintain complete individual care plans: 4 care plans not signed by staff responsible for child 1 child with a chronic illness without a care plan 1 care plans not complete with steps	
<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 checked="" type="checkbox"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
PHYSICAL PLANT 19a-79-7a			
<input type="radio"/>	45. License premises – clean, good repair, hazard free	Failed to maintain the building, equipment and services Computer monitors are not secured Room 2-cabinet off hinges Room 3-in a low storage bin accessible to children by the handwashing sinks I observed a cheese grater and adult	
<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?) 04/21/2022	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	
○	59. Matches and lighters inaccessible	Failed to ensure that matches and lighters are inaccessible to children when observed a grill lighter in a low storage bin next to the handwashing sinks in Room 3.
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	
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	
○	76. Potentially hazardous substances locked	Failed to ensure that potentially hazardous substances are stored in a locked area. Room 1 and 2 in a bottom cabinet under the sink I observed Lysol's(multiples) and Bleach
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		
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		
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			
O	101. Med trained staff, certificates O/T/I Injectable	Failed to ensure staff are trained to administer injectable medications when observed a Epi-pen on site. (Please email OEC certificates)	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> </table>		Y
Y	N		
O	102. Authorized prescriber, parent permission, MAR	Failed to maintain complete written orders for 2 medications (on school form) 1 form is missing child's address and parent section is not complete	
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		
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 15 children	
X	146. Group size – maximum 30 children	
X	146b. 4 yr olds enrolled in school age-permissions	
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

Blue child vinyl couches are starting to peel
 1 out of 8 staff are missing documentation of annual staff policy training
 Staff medication certificates need to be complete with the staffs address and phone number

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: 10/18/2024	 (Signature of Person in Charge)
Cathy Anderson (Printed Name)	 (Printed Name)		Maria Valentin (Printed Name)