



CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING



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:	Greenethills Fun Club	Date of Inspection:	12/3/24	Time of Arrival:	3:00
Address:	718 Pine St	License Number:	16603	Expiration Date:	9/30/25
Town:	Bristol	Telephone Number:	860 584-7828	Summer Care:	Closed
Operator:	Bristol Boys + Girls Club	# of Staff Present:	4	# over 3 Present:	37
Email:	barbaraebbgc.org	Total Capacity:	103	Total Under 3 capacity:	0
Designated Director:	Barbara Holtz	Hours/Days of Operation:	M-F 6:30-9 3-6pm		

Instruction Codes: N/A = Not applicable at this time    ✓ = Regulation in Compliance    O = Regulation not in Compliance

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 cont.

✓ 1. (c)(8) Local Health Inspection-Date: 5/7/24

✓ 19. (a)(1) Staff health records  
 ✓ 20. (a)(3) Disciplinary actions  
 ✓ 21. (b) Comprehensive Background Checks  
 ✓ 22. (b)(4) Evidence of compliance  
 ✓ 23. (d) Adequate staffing  
 ✓ 24. (d)(1) Designated head teacher—approved-60%  
 ✓ 25. (d)(2) Two staff present—age 18 or older  
 ✓ 26. (d)(3)(A-C) Personal qualities of staff

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-COMplete/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 enrolled in preschool-authorization  
 ✓ 15. (m) Motor vehicle laws—transportation  
 ✓ 16. (n) Capacity  
 ✓ 17. (o) Respond to OEC-no false, misleading statements or documents  
 ✓ 18. POSTINGS  
 ✓ (e)(1) License posted  
 ✓ (e)(2) OEC Complaint Procedure posted  
 ✓ (e)(3) Menus posted  
 ✓ (e)(4) No Smoking posted signs at entrances  
 ✓ (e)(5) OEC Inspection report posted or available  
 ✓ (e)(6) Developmental Milestones posted

✓ 27. (d)(4)(A) RATIOS  
 ✓ (d)(4)(B) Ratio 1:10 – Indoors/Outdoors  
 ✓ (d)(6) Mixed age group—ratios  
 ✓ (d)(4)(D) Nap time ratio  
 ✓ 28. (d)(4)(D) Supervision—Indoors/Outdoors  
 ✓ 29. GROUP SIZE  
 ✓ (d)(5) Group Size—Indoors/Outdoors  
 ✓ (d)(5)(A) Group Size—school age field trips/outdoors  
 ✓ (d)(5)(B) Mixed age group—group size  
 ✓ 30. (e)(1) Designated director—training  
 ✓ 31. (f)(1) CPR certified program staff  
 ✓ 32. (f)(2) First aid certified program staff

✓ 33. PROFESSIONAL DEVELOPMENT  
 Documentation  
 ✓ (a)(2) Health & Safety training  
 ✓ (h)(1)(2) 1% annual hours  
 ✓ (h)(1)(2) SWIMMING ACTIVITIES - Y/N  
 ✓ (4)(C)(ii-v) Swimming-Ratios  
 ✓ (4)(C)(i) Non-swimmers identified  
 ✓ (e)(6) CPR certified staff—age 20 or older  
 ✓ (e)(6) Lifeguard—certified—supervising  
 ✓ 35. CONSULTANTS  
 ✓ (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)  
 ✓ (i) Consultant agreements—signed annually  
 ✓ (i)(2)(A-H) Agreements complete w/required services  
 ✓ (F) Consultant logs—documented activities, observations and required services  
 ✓ (i)(2) Consultant visits— Education/Health

	Contracts	Logs	Visits
Education	✓	✓	
Health	✓	✓	
Soc. Serv.			
Dietitian	n/a	n/a	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 2

PROGRAM NAME	Greene Hills Fun Club	LICENSE NUMBER	10603	DATE OF INSPECTION	12/3/25
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
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<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS <input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iv) Field trip permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Transportation permission <input checked="" type="checkbox"/> 39. (a)(2)(C) Child Health Records <input checked="" type="checkbox"/> 40. (a)(2)(E) Immunization records <input checked="" type="checkbox"/> 41. (a)(3)(A) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 42. (a)(3)(B) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Parent notification of illness or injury <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 45. (a)(4) Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<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 (Schl age only N/A) <input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 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/bedding <input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds <input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible <input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) <input checked="" type="checkbox"/> 82. (d)(10)(A) TOILETING <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)(D) Required toilets/sinks-1:25 schl age only <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 or licensed premises <input checked="" type="checkbox"/> (d)(10)(G) Well lighted/ventilated toilet rooms <input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (Grp Homes N/A) (d)(11) Staff personal articles inaccessible (e)(1) AIR TEMPERATURE <input checked="" type="checkbox"/> (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) <input checked="" type="checkbox"/> (e)(2) Air temp <65°F comfortable (Schl age only-N/A) (e)(3) Air temp > 80 °F - ↑ fluids/ventilation (e)(4) Water temperature 60 °F - 120 °F (e)(5) Portable space heaters prohibited (e)(6) Walls/ceilings/floors/rugs-clean/good repair (e)(7) Rugs- not tripping/slipping hazard (e)(7) Hot water/Steam pipes protected (e)(7) Working phone on each level (e)(7) Emergency numbers posted-adjacent to phones (e)(7) Parents provided direct on site phone number (e)(8) LIGHTING <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-mapping children-sufficient lighting to be visible <input checked="" type="checkbox"/> (e)(9) Schl age only-lighting for comfort <input checked="" type="checkbox"/> (e)(10) Light fixtures shielded/shatter proof (e)(10) Potentially hazardous substances, materials - labeled, inaccessible (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 (e)(16) Prevention of vermin-openings screened (e)(17) Radon test- Results: _____ (N/A) (e)(17) Results posted-Date: _____ (Schl N/A) (e)(18) Carbon monoxide detector-each level (N/A) (f)(1)(A) Program space-adequate-35 sq. ft. per child (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) (g)(3) Air conditioners, water heaters, fuse boxes inaccessible (g)(4) Developmentally app equipment, materials
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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 <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 (Schl age only 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. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 60. (c) FIRST AID SUPPLIES-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"/> 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 83. (d)(10)(G) <input checked="" type="checkbox"/> 84. (d)(11) <input checked="" type="checkbox"/> 85. (e)(1) <input checked="" type="checkbox"/> 86. (e)(3) <input checked="" type="checkbox"/> 87. (e)(4) <input checked="" type="checkbox"/> 88. (e)(5) <input checked="" type="checkbox"/> 89. (e)(5) <input checked="" type="checkbox"/> 90. (e)(6) <input checked="" type="checkbox"/> 91. (e)(7) <input checked="" type="checkbox"/> 92. (e)(7) <input checked="" type="checkbox"/> 93. (e)(7) <input checked="" type="checkbox"/> 94. (e)(7)
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PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 8/21/24 <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 established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals (N/A) <input type="checkbox"/> 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test - Date: _____ <input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: _____ (N/A) <input checked="" type="checkbox"/> 70. (c)(6)(A) Drinking water available/accessible LEAD PAINT - Peeling Paint - Y/N Inside/Outside 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"/> 71. (d)(1) Emergency vehicle access	<input checked="" type="checkbox"/> 95. (e)(10) <input checked="" type="checkbox"/> 96. (e)(11) <input checked="" type="checkbox"/> 97. (e)(12) <input checked="" type="checkbox"/> 98. (e)(13) <input checked="" type="checkbox"/> 99. (e)(14-15) <input checked="" type="checkbox"/> 100. (e)(16) <input checked="" type="checkbox"/> 101. (e)(17) <input checked="" type="checkbox"/> 102. (e)(18) <input checked="" type="checkbox"/> 103. (f)(1)(A) <input checked="" type="checkbox"/> 104. (g)(1) <input checked="" type="checkbox"/> 105. (g)(2) <input checked="" type="checkbox"/> 106. (g)(3) <input checked="" type="checkbox"/> 107. (g)(4)
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 3

PROGRAM NAME: Greene Hills Fun Club LICENSE NUMBER: 16603 DATE OF INSPECTION: 12/3/24

PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/> 108. (g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	<b>LINENS/CLOTHING</b>
<input checked="" type="checkbox"/> 109. (g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input type="checkbox"/> (f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/> 110. (j)	No weapons/no facsimile of a firearm		<input type="checkbox"/> (f)(3)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 111.	<b>OUTDOOR SPACE</b>	<input type="checkbox"/> 130.	<input type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input type="checkbox"/> (g)(1)	<b>SAFE SLEEP</b>
<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/> (g)(2)	Crib-slug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input type="checkbox"/> (g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request		<input type="checkbox"/> (g)(3)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<i>n/a</i>	<input type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/> 112.	<b>OUTDOOR PROTECTED/FENCING</b>		<input type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> 113. <input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft		<input type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
<input type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks		<input type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier <i>(N/A)</i>	<input type="checkbox"/> 131.	<input type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> 114.	<b>WATER HAZARDS</b>	<input type="checkbox"/> 132.	<input type="checkbox"/> (h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 <i>(N/A)</i>	<input type="checkbox"/> 133.	<input type="checkbox"/> (h)(2)	No toys/objects less than 1 1/4 " diameter
<input type="checkbox"/> (i)	Wading pools prohibited <i>(N/A)</i>	<input type="checkbox"/> 134.	<input type="checkbox"/> (h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible <i>(N/A)</i>	<input type="checkbox"/> 135.	<input type="checkbox"/> (i)(1)(2A-C)	Health consultant visits/documentation
		<input type="checkbox"/> 136.	<input type="checkbox"/> (j)	<b>FEEDING</b>
			<input type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
			<input type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated
			<input type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings
			<input type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appvd washing
			<input type="checkbox"/> (k)(5)	Baby food served from dish or whole jar
		<input type="checkbox"/> 137.	<input type="checkbox"/> (l)(1)	Bottles labeled with child's name
		<input type="checkbox"/> 138.	<input type="checkbox"/> (l)(2)	Outdoor spaced fenced-4 ft lic. after 1/1/25
		<input type="checkbox"/> 139.	<input type="checkbox"/> (l)(3)	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

<input checked="" type="checkbox"/> 115. (a)	Written daily/weekly educational plan-developmentally appropriate			
<input checked="" type="checkbox"/> 116. (a)	<b>EDUCATIONAL REQUIREMENTS</b>			
<input checked="" type="checkbox"/> (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, physical activity			
<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games			

UNDER THREE ENDORSEMENT 19a-79-10 *(N)* SCHOOL AGE ENDORSEMENT 19a-79-11 *Y/N*

<input type="checkbox"/> 117. (b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140. (b)	Approved Schl Age Endorsement
<input type="checkbox"/> 118. (c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> (c)	<b>SCHEDULE - ACTIVITIES</b>
<input type="checkbox"/> 119. (c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> 142. <input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input type="checkbox"/> 120. (c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input type="checkbox"/> 121. (d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/> 122. (d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)		Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/> 123. (d)(2)(B)	Washable cots		Ratio- 1:15
<input type="checkbox"/> 124. (d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 143. (d)	Group size- max. 30
<input type="checkbox"/> 125. (d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 144. (e)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/> 126. (d)(2)(E)	Refrigerator and food prep facilities	<input type="checkbox"/> 145. (f)	Head teacher approved- 60%
<input type="checkbox"/> 127. (d)(3)(A-C)	Optional furniture/equip-safe/hazard free	<input checked="" type="checkbox"/> 146. (g)	
<input type="checkbox"/> 128.	<b>DIAPERING</b>		
<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail		
<input type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area		
<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair		
<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use		
<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets		
<input type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily		
<input type="checkbox"/> (e)(7)	Handwashing-staff/children		
<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed		
<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed		

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 4**

PROGRAM NAME: Greene Hills Fun Club LICENSE NUMBER: 16603 DATE OF INSPECTION: 12/3/24

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)  Y/N MONITORING OF DIABETES 19a-79-13  Y/N

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	<u>STAFF TRAINING</u>
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training - first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	(i)-(iii)	Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 153.	<u>SLEEP PROVISIONS</u>	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(2)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<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"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input type="checkbox"/> 156. (b)(10)	Local health approval		

ADMINISTRATION OF MEDICATIONS 19a-79-9a  Y/N ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions <u>N/A</u>
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		

<input checked="" type="checkbox"/> 159. (a)(2)	<u>NONPRESC. TOPICAL MEDICATION</u>	<p><b>DISCUSSIONS - COMMENTS</b></p> <p>Reviewed new Regulations updates on OEC website</p> <p>Discussed Consultant Agreement Updates, Policy Updates.</p> <p>Sample policies + Agreements on website</p> <p>New School-Age Head teacher</p> <p>Discussed: Care Plans signed by staff for (2) children.</p> <p>No violations at visit</p>	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors		
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage		
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> (b)(1)(D)	<u>MEDICATION TRAINING</u>		
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Training outline on file		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation		
	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution-permission and storage <u>N/A</u>		

SIGNATURE OF OEC STAFF: Jaime Fortin SIGNATURE OF PERSON IN CHARGE: Krystal Conforto

PRINTED NAME: Jaime Fortin PRINTED NAME: Krystal Conforto

OEC DIVISION OF LICENSING  
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 Help Desk: (800)282-6063 or (860)500-4450  
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 12/17/24 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>