

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Boys & Girls Clubs of Hartford Early Learning Center		5/12/25	12:20 pm
170 Sigourney St.		70157	12/31/25
Hartford, Ct 06105		860-929-7675	Open
Boys & Girls Clubs of Hartford Inc		# of Staff Present: 7	# over 3 Present: 43
csanders@bgchardford.org		Total Capacity: 50	Total Under 3 capacity: —
Candy Sanders.			# under 3 Present: — Ages Served: 3 years - 6 years
			M-F 6:30am - 6:30pm

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

<input type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 2/18/22	<input type="checkbox"/> 19.	(a)(1)	Staff health records
<input type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input type="checkbox"/> 3.	(b)	Overall management of program	<input type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input type="checkbox"/> 21a.	(b)(2)	Past employment history
<input type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input type="checkbox"/> 22.	(b)(4)	Evidence of compliance with bknd cks/history
<input type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input type="checkbox"/> 23.	(d)	Adequate staffing
<input type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input type="checkbox"/> 24.	(d)(1)-(e)(2)	Designated head teacher—approved-60%
<input type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input type="checkbox"/> 25.	(d)(2)	Two staff present—age 18 or older
<input type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input type="checkbox"/> 27.	(d)(4)(A)	RATIOS
<input type="checkbox"/> 11.	(d)(2)(A)	POLICIES-COMplete/IMPLEMENTED	<input type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
<input type="checkbox"/> 12.	(d)(2)(B)(C)	Discipline policy	<input type="checkbox"/> 29.	(d)(6)	Mixed age group
<input type="checkbox"/> 13.	(d)(3)	Child Protection policy	<input type="checkbox"/> 30.	(d)(4)(D)	Nap time ratio
<input type="checkbox"/> 14.	(d)(4)(A)	Closing time policy	<input type="checkbox"/> 31.	(d)(5)	Supervision—Indoors/Outdoors
<input type="checkbox"/> 15.	(d)(4)(B)	Medical emergency policy	<input type="checkbox"/> 32.	(d)(5)(A)	GROUP SIZE
<input type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill	<input type="checkbox"/> 33.	(d)(5)(B)	Group Size—Indoors/Outdoors
<input type="checkbox"/> 17.	(d)(5)	Supervision policy	<input type="checkbox"/> 34.	(e)(1)	Group Size—school age field trips/outdoors
<input type="checkbox"/> 18.	(d)(6)	General Operating policies	<input type="checkbox"/> 35.	(f)(1)	Mixed age group—group size
<input type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy		(f)(2)	Designated director—training
<input type="checkbox"/> 20.	(d)(7)	Personnel policies		(a)(2)	CPR certified program staff
<input type="checkbox"/> 21.	(d)(1)	Daily attendance-children/staff- keep 1 yr.		(h)(1)	First aid certified program staff
<input type="checkbox"/> 22.	(f)	ACCESS		(h)(2)	PROFESSIONAL DEVELOPMENT
<input type="checkbox"/> 23.	(h)	Immediate access by parents		(4)(C)(ii-v)	Documentation of prof. dev./trainings
<input type="checkbox"/> 24.	(l)	Immediate access by OEC-facility/records		(4)(C)(i)	Health & Safety training
<input type="checkbox"/> 25.	(m)	2.8 yr olds in prek-authorization		(e)(6)	1% annual hours
<input type="checkbox"/> 26.	(n)	Motor vehicle laws—transportation		(e)(6)	SWIMMING ACTIVITIES - Y/N
<input type="checkbox"/> 27.	(o)	Capacity		(i)(1)(A)-(D)	Swimming-Ratios
<input type="checkbox"/> 28.	(o)	Respond to OEC-no false, misleading statements or documents		(i)(2)(A-H)	Non-swimmers identified
<input type="checkbox"/> 29.	3a(e)(1)	POSTINGS		(F)	CPR certified staff—age 20 or older
<input type="checkbox"/> 30.	3a(e)(2)	License posted		(i)(2)	Lifeguard—certified—supervising
<input type="checkbox"/> 31.	3a(d)(6)(C)	OEC Complaint Procedure posted		(H)(i)-(I)(i)	CONSULTANTS
<input type="checkbox"/> 32.	3a(e)(3)	Administrative Oversight policy			Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input type="checkbox"/> 33.	3a(e)(4)	Menus posted			Consultant agreements—signed annually—agreements complete w/required services
<input type="checkbox"/> 34.	3a(e)(5)	No Smoking posted signs at entrances			Consultant logs—documented activities, observations and required services
<input type="checkbox"/> 35.	3a(e)(6)	OEC Inspection report posted or available			Consultant visits- Education/Health
<input type="checkbox"/> 36.	3a(e)(6)	Dev. Milestones posted			
<input type="checkbox"/> 37.	7a(e)(17)	Radon Test posted			
<input type="checkbox"/> 38.	10((g)(8)	Safe Sleep policy posted			

	Contracts	Logs	Visits
Education			
Health	✓	✓	
Soc. Serv.	✓	✓	
Dietitian			

BOYS & GIRLS CLUB OF
HARTFORD COUNTY Learning Center

70157

5/12/25

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission
<input type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days

<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 <u>3/3/25</u> (N/A)
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<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 (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.	<input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips 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 FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>5/17/24</u>
<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 type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: <u>3/1/24</u> Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible
<input checked="" type="checkbox"/>	70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: Y <input checked="" type="checkbox"/> Lead Test: Y <input checked="" type="checkbox"/> Results _____ Lead Management Plan _____ Peeling Paint - Y <input checked="" type="checkbox"/> Inside/Outside

<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access
<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
<input checked="" type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 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 and bedding
<input checked="" type="checkbox"/>	79.	<input checked="" type="checkbox"/> (d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	81.	<input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(9)	Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>	82.	<input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) <input checked="" type="checkbox"/> (d)(11)	TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94) (Grp Homes N/A) Staff personal articles inaccessible
<input checked="" type="checkbox"/>	83.	<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>	84.	<input checked="" type="checkbox"/> (e)(2) <input checked="" type="checkbox"/> (e)(3) <input checked="" type="checkbox"/> (e)(4)	Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60°F-120°F Portable space heaters prohibited
<input checked="" type="checkbox"/>	86.	<input checked="" type="checkbox"/> (e)(5)	WALLS/CEILINGS/FLOORS/RUGS Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	87.	<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	88.	<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	90.	<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/TELEPHONE NUMBERS Working phone on each level
<input checked="" type="checkbox"/>	91.	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	94.	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	95.	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9)	LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet- sufficient lighting to be visible
<input checked="" type="checkbox"/>	96.	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>	97.	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	98.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	99.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	100.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	101.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	102.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	103.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	104.	(e)(17)	Radon test- Results: <u>50.3</u> (Schls-N/A)
<input checked="" type="checkbox"/>	105.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	106.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	107.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	108.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	109.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	110.	(g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Boys & Girls CWDA of Hartford Early Learning Center	LICENSE NUMBER 5-19-15	INSPECTION DATE 5/12/25
---	----------------------------------	-----------------------------------

PHYSICAL PLANT INSPECTION 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 checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(g)(1)-(11)	EDUCATIONAL REQUIREMENTS 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, moderate and vigorous physical activity that takes place outdoors
<input checked="" type="checkbox"/>		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		DIAPERING
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input type="checkbox"/>	128.	(e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-slug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed TOYS AND OTHER OBJECTS Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4 " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25) 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
<input type="checkbox"/>		(e)(3)	
<input type="checkbox"/>		(e)(4)	
<input type="checkbox"/>		(e)(5)	
<input type="checkbox"/>		(e)(6-9)	
<input type="checkbox"/>		(e)(7)	
<input type="checkbox"/>		(e)(8)	
<input type="checkbox"/>		(e)(10)(A-C)	
<input type="checkbox"/>	129.	(f)(1)	
<input type="checkbox"/>		(f)(2)	
<input type="checkbox"/>		(f)(3)	
<input type="checkbox"/>		(f)(4)	
<input type="checkbox"/>	130.	(g)(1)	
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(2)	
<input type="checkbox"/>		(g)(3)	
<input type="checkbox"/>		(g)(4)	
<input type="checkbox"/>		(g)(5)	
<input type="checkbox"/>		(g)(6)	
<input type="checkbox"/>		(g)(7)	
<input type="checkbox"/>		(g)(8)	
<input type="checkbox"/>	131.	(h)(1)	
<input type="checkbox"/>		(h)(1)	
<input type="checkbox"/>		(h)(2)	
<input type="checkbox"/>		(h)(2)	
<input type="checkbox"/>	135.	(i)(1)(2A-C)	
<input type="checkbox"/>	136.	(j)	
<input type="checkbox"/>		(k)(1)	
<input type="checkbox"/>		(k)(2)	
<input type="checkbox"/>		(k)(3)	
<input type="checkbox"/>		(k)(4)	
<input type="checkbox"/>		(k)(5)	
<input type="checkbox"/>	137.	(l)(1)	
<input type="checkbox"/>	138.	(l)(2)	
<input type="checkbox"/>	139.	(l)(3)	

SCHOOL AGE ENDORSEMENT 19a-79-11

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
<input checked="" type="checkbox"/>	141.	(c)	
<input checked="" type="checkbox"/>		(c)(1)	
<input checked="" type="checkbox"/>		(c)(2)	
<input checked="" type="checkbox"/>		(c)(3)	
<input checked="" type="checkbox"/>	143.	(d)	
<input checked="" type="checkbox"/>	144.	(e)	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	BOYS & GIRLS CLUBS OF HARTFORD EARLY LEARNING CENTER	LICENSE NUMBER	70157	DATE OF INSPECTION	5/12/25
SCHOOL AGE ENDORSEMENT 19-19-11	Y/N	MONITORING OF DIABETES 19-79-13	Y/N		

<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	172.	(b)(1)(A)	STAFF TRAINING Staff training – first aid
		(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
		(i)-(iii)	

NIGHT CARE ENDORSEMENT 19-79-13 (19-79-13a) Y/N

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input type="checkbox"/>	153.		SLEEP PROVISIONS
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled
<input type="checkbox"/>		(b)(6)(B)	Required bedding
<input type="checkbox"/>		(b)(6)(C)	Required toiletries
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified
<input type="checkbox"/>	156.	(b)(10)	Local health approval

<input checked="" type="checkbox"/>	173.	(c)(3)	Training updated at least every 3 years
<input checked="" type="checkbox"/>	174.	(d)(1)	Written documentation of training
<input checked="" type="checkbox"/>	175.	(d)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/>	176.	(d)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>	177.	(e)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>	178.	(e)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	179.	(e)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
			Authorized prescriber written order
			Written authorization from parent
			Testing results and actions taken – documented and kept on file, ensure parents are notified daily


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

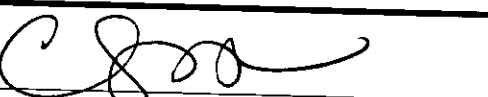
<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.	(a)(2)	NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors
		(a)(3)(A-B)	Labeling and Storage
		(a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.		MEDICATION TRAINING
		(b)(1)(A/C)	Medication training-general-oral/top/inhalant
		(b)(1)(D)	Injectable premeasured autoinjector medication
		(b)(1)(E)	Rectal medication
		(b)(1)(F)	Injectable other than premeasured auto-injector
		(b)(2)(A-B)	Training approval documents/certificates
		(b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
-------------------------------------	------	---	--

DISCUSSIONS/COMMENTS
 "Policy review checklist provided during inspection highlighting changes to the child care center regulations, effective October 16, 2024. Program must ensure policies are updated to reflect new requirements."
 - Complaint procedure provided.
 NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff: 
Printed Name: Johanne Dalo

Signature of person in charge: 
Printed Name: Candy Sanders

EC DIVISION OF LICENSING
 50 Columbus Blvd, Suite 302, Hartford, CT 06103
 clp Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available: Written Corrective Action Plan Due by: _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Boys & Girls Clubs of Hartford Early Learning Center License # 70157 Date: 5/12/25

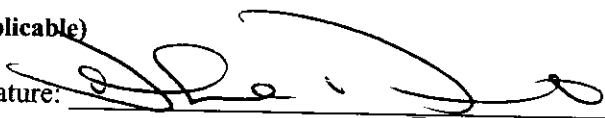
Observations/Corrections needed:

→ Regulation was not in compliance when...

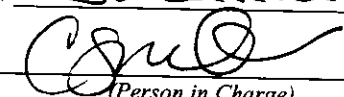
- # 1(c)(8): Local Health Inspection not current
- # 19(a)(1): Observed 1 staff health records not current and 1 health records without statement of good health.
- # 21(b): Observed 1 staff in need of background checks and 1 staff with work supervised status alone in classroom with 9 children
- # 35(i): Observed 2 consultant agreements not current (Education and dietitian) and 4 agreements without required services. (Provide Copy)
- # 35(F): Observed no annual review of policies by 2 consultants (Education and dietitian)
- # 35(i)(2): Per logs, Health consultant visited program 3 times since 2/21/24
- # 38(a)(2)(A-B): Observed 2 child health records not current and 1 incomplete (required med for asthma was left blank)
- # 66(c)(2): Observed broken sink in dramatic play kitchen (class 3), broken cover on garbage can on playground.
- # 102(e)(18): No Carbon monoxide detector was observed.
- # 104(a)(1): Observed rust on bench - playground
- # 108(a)(5): No age range on climber was observed (manufacturer

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 
(OEC Representative)

Print Name: Johanne Jaló

Signature: 
(Person in Charge)

Print Name: Candy Sanders

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/26/25

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Boys & Girls Clubs of Hartford Early Learning Center License # 70157 Date: 5/12/25

Observations/Corrections needed:

- quicklines)
- #111(h)(2): Program has synthetic material for shock absorbing surface. No documentation on site.
- #111(h)(3): Observed 2 broken red and green climbing structure and hanging structure.

Discussion:

- > 1 child authorized release permission does not have name other than parent.
- > Wheelbarrow without wheel leaning on wall on playground.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature] (OEC Representative)

Print Name: Johanne Dabo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/26/25

Signature: [Signature] (Person in Charge)

Print Name: Candy Sanders