

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



**CHILD CARE CENTER/GROUP CHILD CARE HOME  
SCHOOL AGE ONLY INSPECTION FORM**

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

<b>Program Name:</b>	Stafford Fun Club	<b>Date of Inspection:</b>	5/8/25	<b>Time of Arrival:</b>	6:43am
<b>Address:</b>	212 Louisiana Ave	<b>License Number:</b>	16608	<b>Expiration Date:</b>	9/30/25
<b>Town:</b>	Bristol, Ct 06010	<b>Telephone Number:</b>	860-584-7824	<b>Summer Care:</b>	Closed
<b>Operator:</b>	Bristol Boys & Girls Club Association	<b># of Staff Present:</b>	4	<b># Children Present:</b>	2
<b>Email:</b>	barbara@bblgc.org	<b>Age Served:</b>	5 years - 12 years	<b>Total Capacity:</b>	101
<b>Designated Director:</b>	Barbara Hoftz	<b>Days of Operation:</b>	M-F	<b>Hours of Operation:</b>	6:30am-9:00am 2:30pm-6:00pm

**Instruction Codes:** ✓ - Regulation in Compliance    Ⓚ - Regulation not in Compliance    N/A - Not applicable at this time

**LICENSURE PROCEDURES 19a-73-2a**

✓ 1. (c)(8) Local Health Inspection-Date: 5/16/24

**ADMINISTRATION 19a-73-3a**

✓ 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.	<b>POLICIES-COMplete/IMPLEMENTED</b>
✓ (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.	<b>ACCESS</b>
✓ (f)	Immediate access by parents
✓ (h)	Immediate access by OEC-facility/records
✓ 15. (m)	Motor vehicle laws-transportation
✓ 16. (n)	Capacity
✓ 17. (o)	Respond to OEC-no false, misleading statements or documents
✓ 18.	<b>POSTINGS</b>
✓ 3a(e)(1)	License posted
✓ 3a(e)(2)	OEC Complaint Procedure posted
✓ 3a(d)(6)(C)	Administrative Oversight Policy
✓ 3a(e)(3)	Menus posted
✓ 3a(e)(4)	No Smoking posted signs at entrances
✓ 3a(e)(5)	OEC Inspection report posted or available
✓ 7a(e)(17)	Radon test posted (Schls-N/A)

**STAFFING and CONSULTANTS 19a-79-4a**

✓ 19.	(a)(1)	Staff health records																				
✓ 20.	(a)(3)	Disciplinary actions																				
✓ 21.	(b)	Comprehensive Background Checks																				
✓ 21a.	(b)(2)	Past employment history																				
✓ 22.	(b)(4)	Evidence of compliance -with bknd cks/history																				
✓ 23.	(d)	Adequate staffing																				
✓ 25.	(d)(2)	Two staff present-age 18 or older																				
✓ 26.	(d)(3)(A-C)	Personal qualities of staff																				
✓ 28.	(d)(4)(D)	Supervision-Indoors/Outdoors																				
✓ 29.	✓ (d)(5)(A)	Group Size-school age field trips/outdoors																				
✓ 30.	(e)(1)	Designated director-training																				
✓ 31.	(f)(1)	CPR certified program staff																				
✓ 32.	(f)(2)	First aid certified program staff																				
✓ 33.	✓ (a)(2) ✓ (h)(1) ✓ (h)(2)	<b>PROFESSIONAL DEVELOPMENT</b>																				
		Documentation																				
		Health & Safety training																				
		1% annual hours																				
✓ 34.	✓ (4)(C)(ii-v) ✓ (4)(C)(i) ✓ (e)(6) ✓ (e)(6)	<b>SWIMMING ACTIVITIES - Y/N</b>																				
		Swimming-Ratios																				
		Non-swimmers identified																				
		CPR certified staff-age 20 or older																				
		Lifeguard-certified-supervising																				
✓ 35.	✓ (i)(1)(A)-(D) ✓ (i) - ✓ (i)(2)(A-H) ✓ (F) ✓ (i)(2) (H)(i)-(I)(i)	<b>CONSULTANTS</b>																				
		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)																				
		Consultant agreements-signed annually-agreements complete w/required services																				
		Consultant logs-documented activities, observations and required services																				
		Consultant visits- Education/Health																				
		<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Health</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Soc. Serv.</td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Dietitian</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	✓			Health	✓	✓	✓	Soc. Serv.	✓			Dietitian			
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PROGRAM NAME: **Stafford Fun Club** LICENSE NUMBER: **16608** INSPECTION DATE: **5/8/25**

RECORD KEEPING 19a-79-7a PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		<b>PARENT PERMISSIONS</b>
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission
<input checked="" 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

**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 (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"/> 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)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	(c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
	(d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <b>8/26/24</b>
<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"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
	(c)(5)(A)	Lead Water Test - Date: _____
	(c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
	(c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78 <b>Y/N</b> Lead Test <b>Y/N</b> Results <b>Lead identified every 6 months</b>
	(c)(6)(B-D)	Peeling Paint - <b>Y/N</b> 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"/> 76.	(d)(5)	Overhead doors-locks/spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed

<input checked="" type="checkbox"/> 79.	(d)(8)	<b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 82.	(d)(10)(A)	<b>TOILETING</b> Shared toilets/sinks-supervision plan
	(d)(10)(B)	Toileting needs met
	(d)(10)(D)	Required toilets/sinks-1:25
	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	(d)(10)(E)	Handwashing staff/children
	(d)(10)(F)	Toilets/sinks located at the facility
	(d)(10)(G)	Well lighted/ventilated toilet rooms
	(d)(10)(H)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.	(e)(1)	<b>AIR TEMPERATURE</b> Air temp < 65°F comfortable
	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 86.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 91.	(e)(7)	<b>TELEPHONE/NUMBERS</b> Working phone on each level
	(e)(7)	Emergency numbers posted-adjacent to phones
	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 94.	(e)(8)	<b>LIGHTING</b> All areas min. 1 foot candle of lighting
	(e)(9)	Enough lighting for comfort
	(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 101.	(e)(17)	Radon test- Results: _____ (Schls-N/A)
<input checked="" type="checkbox"/> 102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 107.	(g)(4)	Developmentally app equipment, materials
<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.	(h)(1)	<b>OUTDOOR SPACE</b> Adequate space- 75 sq. ft. per child
	(h)(2)	Shock absorbing surfaces-minimum 8"
	(h)(3)	Playground free from hazards
	(h)(4)	Nuts, bolts, screws-tight, covered/protected
	(h)(5)	Outside equipment anchored-anchors buried
	(h)(6)	New equip- cert play. Inspection upon request
	(h)(8)	Drinking water available/accessible
	(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.	(h)(7)	<b>OUTDOOR PROTECTED/FENCED</b> Playground protected from traffic, water, gullies or other hazards
	(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/> 114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
	(i)	<b>WATER HAZARDS</b> Pools, swimming areas-conforms to DPH (N/A)
	(i)	Wading pools prohibited
	(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

**CHILD CARE CENTER - SCHOOL AGE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Stafford Fun Club	<b>LICENSE NUMBER</b>	16608	<b>DATE OF INSPECTION</b>	5/18/25
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**SCHOOL AGE ENDORSEMENT 19a-19-11**      **MONITORING OF DIABETES 19a-19-43**

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	<b>SCHEDULE - ACTIVITIES</b> 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 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Designated Head teacher approved- 60%
<input checked="" type="checkbox"/> 143.	(d)	
<input checked="" type="checkbox"/> 144.	(e)	
<input checked="" type="checkbox"/> 145.	(f)	
<input checked="" type="checkbox"/> 146.	(g)	

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures <b>STAFF TRAINING</b> Staff training - first aid Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible 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
<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) (c)(3)	
<input checked="" type="checkbox"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 179.	(e)(3)	

**ADMINISTRATION OF MEDICATIONS 19a-75-9a**

<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.		<b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 160.		<b>MEDICATION TRAINING</b> Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates 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 <b>(N/A)</b>

**ADDITIONAL VIOLATION**

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

→ Program does not use the equipments (climbers) outside until they get a delivery of mulch (8"). Program uses the field.

"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.

<b>Signature of OEC staff</b>	<i>[Signature]</i>
<b>Printed Name</b>	Johanne Dalo

<b>Signature of person in charge</b>	<i>[Signature]</i>
<b>Printed Name</b>	Kelly Green

OEC DIVISION OF LICENSING  
450 Columbus Blvd, Suite 302, Hartford, CT 06103  
Help Desk: (800)282-6063 or (860)500-4450  
Website: [www.ctoec.org/licensing](http://www.ctoec.org/licensing) Email: [oec.licensing@ct.gov](mailto:oec.licensing@ct.gov)

**Inspection shall be posted or available for review upon request.**

Written Corrective Action Plan  
Due by: \_\_\_\_\_

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>