

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

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

Address:	West Bristol Clubhouse	Inspection Date:	5/15/25	Time of Inspection:	2:43pm
Address:	500 Clark Av	License Number:	70666	Expiration Date:	9/30/26
City/State/Zip:	Bristol, Ct 06010	Phone Number:	860-584-7815	Program:	Close
Director/Supervisor:	Bristol Boys & Girls Club Association	No. of Staff Present:	3	No. of Children Present:	22
Contact:	barbara@bbgc.org	Age Range:	5 years - 12 years	Total Capacity:	136
Contact:	Barbara A Holtz	Days of Operation:	M-F	Hours of Operation:	6:30-8:00 2:30-6:00

LICENSING PROCEDURES 19-79-24

1. (c)(8) Local Health Inspection-Date: 8/12/22

ADMINISTRATIVE PROCEDURES

- 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
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
 - 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 19-79-24

- 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. **PROFESSIONAL DEVELOPMENT**
 - (a)(2) Documentation
 - (b)(1) Health & Safety training
 - (b)(2) 1% annual hours

- 34. **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 **Dietitian N/A**
 - (i) - Consultant agreements-signed annually-agreements complete w/required services
 - (i)(2)(A-H) Consultant logs-documented activities, observations and required services
 - (F) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

WEST BRISTOL CHILDHOUSE

70666

5/15/25

RECORD

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

HEALTH AND SAFETY

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection (N/A)
- 51. (a)(6) Kitchen-clean/safe storage of food/supplies (N/A)
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- (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
- (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT

- 62. (a)(2) Fire marshal codes/certificate 8/26/24
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. WATER SUPPLY 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
- 70. LEAD PAINT -
 - (c)(6)(A) Building Pre-78: Y(N) Lead Test: Y(N) Results _____
 - Lead Management Plan _____
 - Peeling Paint - Y/N Inside/Outside _____
- 71. (c)(6)(B-D) Emergency vehicle access
- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 76. (d)(5) Overhead doors-locks/spring protectors (N/A)
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed

PHYSICAL PLANT

- 79. SMOKING
 - (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
 - (d)(8) Matches/lighters inaccessible
- 82. TOILETING
 - (d)(10)(A) 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)
 - (d)(11) Staff personal articles inaccessible
- 83. AIR TEMPERATURE
 - (e)(1) Air temp < 65°F comfortable
 - (e)(2) Air temp > 80°F - ↑ fluids/ventilation
- 86. (e)(4) Portable space heaters prohibited
- 90. (e)(6) Hot water/Steam pipes protected
- 91. TELEPHONE/NUMBERS
 - (e)(7) Working phone on each level
 - (e)(7) Emergency numbers posted-adjacent to phones
 - (e)(7) Parents provided direct on site phone number
- 94. LIGHTING
 - (e)(8) All areas min. 1 foot candle of lighting
 - (e)(9) Enough lighting for comfort
 - (e)(9) Light fixtures shielded/shatter proof
- 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible
- 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
- 97. (e)(12) Stairs-protected/good repair-handrails
- 98. (e)(13) Toxic plants/materials inaccessible
- 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children
- 101. (e)(17) Radon test- Results: _____ (Schls-N/A)
- 102. (e)(18) Carbon monoxide detector-each level N/A
- 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child
- 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- 107. (g)(4) Developmentally app equipment, materials
- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. OUTDOOR SPACE
 - (h)(1) 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
- 112. OUTDOOR PROTECTED/FENCED
 - (h)(7) 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
 - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. WATER HAZARDS
 - (i) Pools, swimming areas-conforms to DPH (N/A)
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

PROGRAM: **West Bristol Subhouse** 70666 5/15/25

SCHOOL AGE ENDORSEMENT (2-5) MONITORING OF DIABETES IN 2-5

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	Written daily program plan-flexible schedule- available to staff/parents
	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<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.	<input checked="" type="checkbox"/> (b)(1)(A)	STAFF TRAINING
	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training - first aid
	(i)-(iii)	Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/> 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> 175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> 177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> 178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 179.	(e)(3)	Testing results and actions taken - documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS IN 2-5

<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.	<input checked="" type="checkbox"/> (a)(2)	NONPRESC. TOPICAL MEDICATION
	<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.	<input checked="" type="checkbox"/> (b)(1)(A/C)	Unused/expired meds destroyed/returned
	<input checked="" type="checkbox"/> (b)(1)(D)	MEDICATION TRAINING
	<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
		Authorized prescriber/parent permission
		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)
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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."

[Signature]
Johanne Dalo

[Signature]
Tathana Belfiore
Tathana Belfiore

EC DIVISION OF LICENSING
0 Columbus Blvd, Suite 302, Hartford, CT 06103
Hp Desk: (800)282-6063 or (860)500-4450
ebsite: 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: **5/29/25**
CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: West Bristol Clubhouse License # 70666 Date: 5/15/25

Observations/Corrections needed:

→ Regulation was not in compliance when...

1(c)(8): Local health inspection not current.

102(e)(8): No CO detector observed.

111(n)(2): Program has synthetic material on shock absorbing surface. No documentation on site.

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 Dale

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/29/25

Signature: Tatiana Belfiore
(Person in Charge)
Print Name: Tatiana Belfiore