

**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

Name:	Ivy Drive Fun Club	Date of Inspection:	5/22/25	Time:	7:10 am
Address:	160 Ivy Drive	License Number:	16605	Expires:	9/30/25
City:	Bristol, Ct 06010	Telephone Number:	860-584-7844	Status:	Closed
Organization:	Bristol Boys & Girls Club Association	# of Staff Present:	2	# of Children Present:	2
Contact:	barbara@bbgc.org	Age Range:	5 years - 12 years	Hours:	60
Inspector:	Barbara A. Holtz	Days of Operation:	M-F	Open Hours:	6:30-9:00 3:00-6:00

Inspection Status: Compliance Non-Compliance N/A

LICENSURE PROCEDURES 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 10/1/24

ADMINISTRATIVE 19a-79-2a

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 19a-79-2a

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
- (h)(1) Health & Safety training
- (h)(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
- (i)(2) (H)(i)-(I)(i)

	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"/>

PROGRAM NAME	Ivy Drive Fun Club	LICENSE NUMBER	16605	DATE	5/22/25
RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.				

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		PARENT PERMISSIONS
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>		<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 <u> </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"/>	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)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
		<input checked="" type="checkbox"/> (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"/> (d)	FIRST AID SUPPLIES -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 <u>8/21/24</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 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.		WATER SUPPLY - <u>Public</u> Well <u>Schools-N/A</u>
		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u> </u>
		<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <u> </u> (N/A)
		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Building Pre-78 <u>YN</u> Lead Test: <u>YN</u> Results <u>Lead identified every 6 months</u>
		<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - <u>YN</u> 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.	<input checked="" type="checkbox"/> (d)(8)	SMOKING
		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
		<input checked="" type="checkbox"/> (d)(8)	TOILETING
<input checked="" type="checkbox"/>	82.	<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)(D)	Required toilets/sinks-1:25
		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
		<input checked="" type="checkbox"/> (d)(10)(F)	Handwashing staff/children
		<input checked="" type="checkbox"/> (d)(10)(G)	Toilets/sinks located at the facility
		<input checked="" type="checkbox"/> (d)(10)(H)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	83.	(d)(11)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
<input checked="" type="checkbox"/>	84.	<input checked="" type="checkbox"/> (e)(1)	Staff personal articles inaccessible
		<input checked="" type="checkbox"/> (e)(2)	AIR TEMPERATURE
		<input checked="" type="checkbox"/> (e)(4)	Air temp < 65°F comfortable
		<input checked="" type="checkbox"/> (e)(6)	Air temp > 80 °F - ↑ fluids/ventilation
		<input checked="" type="checkbox"/> (e)(7)	Portable space heaters prohibited
		<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
		<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/NUMBERS
		<input checked="" type="checkbox"/> (e)(8)	Working phone on each level
		<input checked="" type="checkbox"/> (e)(9)	Emergency numbers posted-adjacent to phones
		<input checked="" type="checkbox"/> (e)(9)	Parents provided direct on site phone number
		<input checked="" type="checkbox"/> (e)(10)	LIGHTING
		<input checked="" type="checkbox"/> (e)(11)	All areas min. 1 foot candle of lighting
		<input checked="" type="checkbox"/> (e)(12)	Enough lighting for comfort
		<input checked="" type="checkbox"/> (e)(13)	Light fixtures shielded/shatter proof
		<input checked="" type="checkbox"/> (e)(14-15)	Potentially hazardous substances, materials labeled, inaccessible
		<input checked="" type="checkbox"/> (e)(17)	Garbage/rubbish-disposed of daily, containers in good repair
		<input checked="" type="checkbox"/> (e)(18)	Stairs-protected/good repair-handrails
		<input checked="" type="checkbox"/> (f)(1)(A)	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/> (g)(1)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/> (g)(4)	Radon test- Results: <u> </u> <u>Schls-N/A</u>
		<input checked="" type="checkbox"/> (g)(5)	Carbon monoxide detector-each level <u>N/A</u>
		<input checked="" type="checkbox"/> (g)(6)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> (g)(6)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		<input checked="" type="checkbox"/> (g)(6)	Developmentally app equipment, materials
		<input checked="" type="checkbox"/> (g)(6)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
		<input checked="" type="checkbox"/> (g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
		<input checked="" type="checkbox"/> (g)(6)	No weapons/no facsimile of a firearm
		<input checked="" type="checkbox"/> (g)(6)	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"/> (h)(7)	OUTDOOR PROTECTED/FENCED
		<input checked="" type="checkbox"/> (h)(7)(B)	Playground protected from traffic, water, gullies or other hazards
		<input checked="" type="checkbox"/> (h)(7)(C)	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 <u>N/A</u>
		<input checked="" type="checkbox"/> (i)	WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to DPH <u>N/A</u>
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible <u>N/A</u>

CHILD CARE CENTER AND PROGRAMS HOME INSPECTION FORM

PROGRAM NAME: **Ivy Drive Fun Club** LICENSE NUMBER: **16605** DATE OF INSPECTION: **5/22/25**

SCHOOL AGE ENDORSEMENT 19a-79-11 MONITORING OF DIABETES 19a-79-13

- 140. (b) Approved Schl Age Endorsement
- 141. (c) **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
- 143. (d) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 144. (e) Designated Head teacher approved- 60%
- 145. (f)
- 146. (g)

- 171. (a)(1) Written policies and procedures
- 172. (b)(1)(A) **STAFF TRAINING**
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
- 173. (b)(2) Equipment provided by parents
- 174. (b)(3) Equipment labeled and inaccessible
- 175. (c)(2) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 176. (d)(1) Authorized prescriber written order
- 177. (d)(2) Written authorization from parent
- 178. (d)(3) Testing results and actions taken - documented and kept on file, ensure parents are notified daily
- 179. (e)(1)
- 179. (e)(2)
- 179. (e)(3)

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

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

ADDITIONAL VIOLATION

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

"Policy review check list provided during inspection highlighting changes to the child care home regulations, effective October 16, 2024. Program must ensure policies are updated to reflect new requirements."
 → Per program, chimney area is not used due to mesh being less than 8" Program uses the hard top only.
 → Refrigerator starting to rust outside.

Signature of OEC staff: *[Signature]*
 Printed Name: **Susanne Dalo**

Signature of person in charge: *[Signature]*
 Printed Name: **Laney Meher**

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 Email: oeclicensing@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/>