

**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

Program Name:	South Side Fun Club	Inspection:	5/27/25	Time of Arrival:	6:53 am
Address:	21 Tuttle Rd	City:	16607	Inspection Date:	9/30/25
City:	Bristol, Ct 06010	Telephone:	860-584-7812	Days of Operation:	Closed
Organization:	Bristol Boys & Girls Club Association	Age Group:	5	Number of Children:	3
Contact:	barbara@bbgc.org	Age Served:	5-12 years	Hours of Operation:	125
Inspector:	Barbara A. Holtz	Days of Operation:	M-F	Start/End Time:	6:30-8:45 3:00-6:00

Compliance Status: In Compliance Not in Compliance N/A

LICENSURE PROCEDURES 19-79-2a **STAFFING and CONSULTANTS 19-79-4a**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 5/28/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance -with bknd cks/history
	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors
	<input checked="" type="checkbox"/> 29. (d)(5)(A)	Group Size-school age field trips/outdoors
	<input checked="" type="checkbox"/> 30. (e)(1)	Designated director-training
	<input checked="" type="checkbox"/> 31. (f)(1)	CPR certified program staff
	<input checked="" type="checkbox"/> 32. (f)(2)	First aid certified program staff
	<input checked="" type="checkbox"/> 33.	PROFESSIONAL DEVELOPMENT
	<input checked="" type="checkbox"/> (a)(2)	Documentation
	<input checked="" type="checkbox"/> (h)(1)	Health & Safety training
	<input checked="" type="checkbox"/> (h)(2)	1% annual hours
	<input checked="" type="checkbox"/> 34.	SWIMMING ACTIVITIES - Y^N
	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
	<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
	<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
	<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
	<input checked="" type="checkbox"/> 35.	CONSULTANTS
	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
	<input checked="" type="checkbox"/> (i) -	Consultant agreements-signed annually-
	<input checked="" type="checkbox"/> (i)(2)(A-H)	agreements complete w/required services
	<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
	<input checked="" type="checkbox"/> (i)(2)	Consultant visits- Education/Health
	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Contracts Logs Visits
		Education ✓ ✓ ✓
		Health ✓ ✓ ✓
		Soc. Serv. ✓ ✓ ✓
		Dietitian - - -

ADMINISTRATION 19-79-2b

<input type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	POLICIES-COMplete/IMPLEMENTED
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	ACCESS
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	POSTINGS
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight Policy
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 7a(e)(17)	Radon test posted (Schls-N/A)

South Side Fun Club

1166D7

5/27/25

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.	(a)(1)(D)(i)	PARENT PERMISSIONS 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 77-5a

<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)	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 77-5b

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 8/26/24
<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"/>	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.	(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"/>		(c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.	(c)(6)(A)	LEAD PAINT - Building Pre-78 Y/N, Lead Test Y/N Results <u>Lead identified</u> Lead Management Plan <u>every 6 months</u>
<input checked="" type="checkbox"/>		(c)(6)(B-D)	Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/>	71.	(c)(6)(B-D)	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)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>		(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	82.	(d)(10)(A)	TOILETING 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)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>		(d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>		(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		(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)	AIR TEMPERATURE Air temp < 65°F comfortable
<input checked="" type="checkbox"/>		(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)	TELEPHONE/NUMBERS Working phone on each level
<input checked="" type="checkbox"/>		(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>		(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	94.	(e)(8)	LIGHTING All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		(e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>		(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)	OUTDOOR SPACE 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.	(h)(7)	OUTDOOR PROTECTED/FENCED Playground protected from traffic, water, gullies or other hazards
<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.	(i)	WATER HAZARDS Pools, swimming areas-conforms to DPH (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

PROGRAM NAME: **South Side Fun Club** LIC # NUMBER: **16607** DATE OF INSPECTION: **5/27/25**

SCHOOL AGE ENDORSEMENT (9-13) MONITORING OF DIABETES (9-13)

- 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
- 143. (d) Group size- max. 30
- 144. (e) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 145. (f) Designated Head teacher approved- 60%
- 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. (d)(1) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 176. (d)(2) Authorized prescriber written order
- 177. (d)(3) Written authorization from parent
- 178. (e)(1) Testing results and actions taken - documented and kept on file, ensure parents are notified daily
- 179. (e)(2)
- 179. (e)(3)

ADMINISTRATION OF MEDICATIONS (9-13)

- 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 checklist was provided at prior inspection (other programs)"

- Program does not use the outdoor space with climber due to mulch less than 8." Program uses the hard top.

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

Signature of person in charge: *[Signature]*
Printed Name: **TIA Machin**

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: **6/10/25**
CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: South Side Fun Club License # 16407 Date: 5/27/25

Observations/Corrections needed:

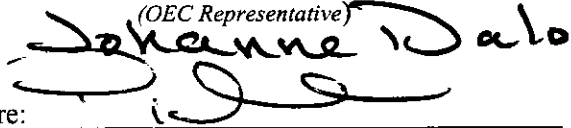
→ Regulation was not in compliance when...

#2 (a): Observed an prescriber's authorization permission for Ipratropium-albuterol. No medication 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: 
(OEC Representative)

Signature: 
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/10/25