

INITIAL     UNANNOUNCED FULL/PARTIAL     FOLLOW UP     LOCATION CHANGE     OTHER

Program Name: <u>Osborne Hill Child Care</u>	License Number: <u>Pending</u>	Date of Inspection: <u>8/24/21</u>	Time of Arrival: <u>9am</u>
Address: <u>760 Stillson Road</u>	Expiration Date: <u>Pending</u>	Licensed Capacity: <u>Pending</u>	
Town: <u>Fairfield, Ct. 06824</u>	Telephone: <u>(203) 459-9700</u>	# of children present: <u>2</u>	# of staff present: <u>1</u>
Operator: <u>Easton Community Center, Inc</u>	Director: <u>Joel Silkoff</u>	Head Teacher: <u>Lynsey Labrecque</u>	
Email: <u>j.silkoff@eastoncc.com</u>	Summer Care: <u>NO</u>		
Hours of Operation: <u>M-F 7-9am and 3-5pm</u>	Instruction Codes: √ = Compliance/No violation found    O = Non-compliance/Violation found N/A = Not applicable at this time		
Agnes Served: <u>5-12 years</u>			

**Licensure Procedures 19a-79-2a**

1. Local Health Inspection Date: 6-18-21

**Administration 19a-79-3a**

- 2. New Staff-Employee Orientation
- 3. Annual Staff Policy Training
- 4. Documentation of Behavior M. Tech Discussed w/Parents
- 5. Notification of Change
- 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- 7. Daily Attendance Records: Children/Staff

**Items Posted: Conspicuous/Accessible**

- 8. License
- 9. Current Fire Marshal Certificate Date: 6-8-21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: \_\_\_\_\_
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: \_\_\_\_\_ Results: \_\_\_\_\_

**Staffing 19a-79-4a**

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 19. Designated Head Teacher/60%
- 20. Two Staff Present
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

**Consultants**

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

27. Logs/Visits Documented

**Swimming: (Y/N)**

- 28. Non-Swimmers Identified
- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

**Record Keeping 19a-79-5a**

- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

**Health and Safety 19a-79-6a**

- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

**Physical Plant 19a-79-7a**

- 45. License Premise: Clean/Good Repair/Hazard Free
- 48. Sanitary Drinking Fountains/Disposable Cups  
Water Supply: Public/Well
- 49. Lead Water Test (Y/N) Date: \_\_\_\_\_  
Bacterial/Chemical Test (Y/N) Date: \_\_\_\_\_
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 53. Windows Protected to Prevent Falls
- 55. Overhead Doors Locking Devices/ Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temperature Comfortable
- 68. Portable Space Heaters
- 69. Building/Equipment: Sanitary/Hazard Free
- 71. Hot Water/Steam Pipes Protected
- 72. Working Phone on Each Level

Signature of OEC Representative:

Written Corrective Action Plan

Signature of Person in Charge:

Terrri K Roberts  
Print name: Terrri K Roberts

Due to OEC by: 9-7-21

Emily Began  
Print name: Emily Began

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <u>Osborne Hill Child Care</u></p> <p><u>Physical Plant continued:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 74. Adequate Lighting</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><u>Outdoor Space</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free of Hazards</li> <li><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)</li> <li><input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Playground Protected</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><u>Educational Requirements 19a-79-8a</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up</li> </ul> <p><u>Administration of Medications 19a-79-9a</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p><u>Nonprescription Topical Medications</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><u>Self-Administration</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> </ul> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul> <p><u>Emergency Distribution of Potassium Iodide</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage</li> </ul>	<p>License Number: <u>Pending</u></p> <p>Date of Inspection: <u>8/24/21</u></p> <p><u>School Age Children Endorsement 19a-79-11</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><u>Night Care Endorsement 19a-79-12 (10pm-5am)</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 148. Approved Endorsement</li> <li><input type="checkbox"/> 149. Written Program Plan/Supervision</li> <li><input type="checkbox"/> 150. Staff Awake/Available</li> <li><input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</li> <li><input type="checkbox"/> 152. Individual Storage of Personal Items</li> <li><input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</li> </ul> <p><u>Monitoring of Diabetes 19a-79-13</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>
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<p>Signature of OEC Representative <u>Terr K Roberts</u></p> <p>Print Name: <u>Terr K Roberts</u></p>	<p>Written Corrective Action Plan Due to OEC by: <u>9.7.21</u></p>	<p>Signature of Person in Charge <u>Emily Regan</u></p> <p>Print Name: <u>Emily Regan</u></p>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Osborne Hill Child Care License # Pending Date: 8/24/21

Observations/Corrections needed:

APR or  
① Cafeteria -  $65 \times 39.5 = 2,567.5 - 26.88 = 2540.7 \div 35 = 72$  children  
Refrigerators  $(2.8 \times 4.8)^2 = 26.88$

② Library -  $65.5 \times 41.6 = 2,724.8 - 162.62 = 2562.18 \div 35 = 73$  children  
Desk Area  $(10.1 \times 7.5) = 75.75$   
Desk Area  $(6.7 \times 11.1) = 74.37$   
Wall  $(5 \times 2.5) = 12.5$  } 162.62

③ Gym - Not counted in capacity  
 $69.8 \times 41.6 = 2,903.68 \div 35 = 82$  children

④ Playground -  $100 \times 100^+ = 10,000 \div 75 = 133^+$  Children

\* Program not using ball field, only playscape area in back of school, blacktop courtyard near playscape and blacktop area in front of baseball field.

Program requesting 100 capacity

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: *Teri K Roberts*

Print Name: Teri K Roberts (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 9.7.21

Signature: *Emily Began*

Print Name: Emily Began (Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Osborne Hill Child Care License # Pending Date: 8/24/21

Observations/Corrections needed:

\* Fix marshal certificate on site but not posted
\* All items on this report were either inspected or disswssed
# of toilets/# of sinks / exclusive staff bath
5 6 yes - 2 designated

6- not on site

8- OK (TK) license pending

10- Not posted

12- Not posted

15- Not posted

39- Not on site

44- Not on site

45- Boys bathroom stalls have lots of just accessible, broken window in library, 2 metal bookshelves not secured

73- Not posted

80- Not on site

95- Not on site

96- Unable to verify - no plan on site

144- No choices observed

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: [Handwritten Signature]
(OEC Representative)

Print Name: Terri R Roberts

Signature: [Handwritten Signature]
(Person in Charge)

Print Name: Emily Regan

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 9.7.21