

**SCHOOL AGE ONLY INSPECTION FORM**

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <i>ERFC Before &amp; After School Age</i>	License Number: <i>70080</i>	Date of Inspection: <i>7/11/23</i>	Time of Arrival: <i>8:05</i>
Address: <i>94 Middle Rd. Coyle &amp; Whitney</i>	Expiration Date: <i>8/31/2024</i>	Licensed Capacity: <i>100</i>	
Town: <i>Enfield</i>	Telephone: <i>860-253-9935</i>	# of children present: <i>19</i>	# of staff present: <i>3</i>
Operator: <i>Educational Resources for Children, Inc.</i>	Director: <i>Joseph Trizkany</i>	Head Teacher: <i>Judith Fortuna</i>	
Email: <i>erfclicense@erfc.us</i>	Summer Care: <i>Closed</i>		
Hours of Operation: <i>M-F 7-8:30 &amp; 3-6</i>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <i>5-10 yrs.</i>			

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

1. Local Health Inspection Date: *1/15/22*

**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: *8/24/22*

10. OEC Complaint Procedure

11. Food Service Certificate Date: *N/A*

12. Menus

13. Emergency Plans

14. No Smoking Signs

15. Radon Test (Y/N) Date: \_\_\_\_\_ Results: \_\_\_\_\_

15a. Developmental Milestones

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

16. Staff Health Records/TB Tests

17. Professional Development

18. Disciplinary Actions

18b. Background Checks

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: Print Name: <i>Linda Mayken</i>	Written Corrective Action Plan Due to OEC by: <i>1/25/23</i>	Signature of Person in Charge: <i>Jordan Chase</i> Print Name: <i>Jordan Chase</i>
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SCHOOL AGE ONLY INSPECTION FORM

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- Physical Plant continued:**
- 73. Emergency Numbers Posted
  - 75. Light Fixtures Shielded/Shatter Proof
  - 76. Potentially Hazardous Substances Locked
  - 77. Garbage/Rubbish Disposed Daily
  - 78. Stairs Protected/Good Repair/Handrails
  - 79. Pets: Maintained/Care Plan (Y/N)
  - 80. Operable CO Detector on Each Level (Y/N)
  - 81. Program Space/Adequate Sq. Ft. Per Child
  - 84. Developmentally Appropriate Equipment/Materials
  - 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
  - 86. No Weapons/No Facsimile of a Firearm on Premise

- Outdoor Space**
- 87. Outdoor Space Adequate Sq. Ft. Per Child
  - 88. Impact Absorbing Material under Equipment
  - 89. Playground Free of Hazards
  - 92. Equipment Anchored/Safely Arranged
  - 93. Outdoor Playground Protected
  - 94. Drinking Water Available/Accessible

- Educational Requirements 19a-79-8a**
- 95. Written Plan for Daily Program Available to Parents/Staff
  - 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

- Administration of Medications 19a-79-9a**
- 97. Written Policies/Procedures
  - 98. Training Outline on file
- Nonprescription Topical Medications**
- 99. Administration/Parent Permission/MAR
  - 100. Labeling/Storage
- Oral/Topical/Inhalant/Injectable Medications**
- 101. Med Trained Staff/Certificates
  - 102. Authorized Prescriber/Parent Permission/MAR
  - 103. Labeling/Storage
  - 104. Unused/Expired Meds Returned/Disposed
- Self-Administration**
- 105. Authorized Prescriber/Parent Permission/MAR
  - 106. Labeling/Storage
- 107. Approved Petition For Special Med Authorization

- Emergency Distribution of Potassium Iodide**
- 108. KI Pill Parent Permission/Storage

N/A

- School Age Children Endorsement 19a-79-11**
- 143. Approved Endorsement
  - 144. Activity choices appropriate
  - 145. Ratio: 1 Staff to 10 Children
  - 146. Group Size: Max. 20 Children
  - 147. Education Consultant Appropriate

- Monitoring of Diabetes 19a-79-13** none
- 154. Written Policies/Procedures
  - 155. On Site Staff Trained in First Aid/Glucose Testing
  - 156. Training Current/Documented
  - 157. Supervision of Self Administration
  - 158. Equipment/Supplies: Labeled/Inaccessible
  - 159. Signed Agreement w/Parent Regarding Equipment
  - 160. Materials Discarded Appropriately
  - 161. Authorized Prescriber/Parent Permission
  - 162. Documentation of Test Results/Actions Taken
  - 163. Daily Written Parent Notifications

Signature of OEC Representative <u>Linda Maykan</u>	Written Corrective Action Plan Due to OEC by: <u>1/25/23</u>	Signature of Person in Charge <u>Joehn Chase Jordan Chase</u>
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Print Name: Linda Maykan

Print Name: \_\_\_\_\_

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ERFC Before & After License # 70080 Date: 1/11/23

Observations/Corrections needed: School-age Care

19- Head Teacher sign in not completed this week / no documentation of 60% of operating hours.

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: Linda Mayton  
(OEC Representative)  
Print Name: Linda Mayton

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/25/23

Signature: Jordan Chase  
(Person in Charge)  
Print Name: Jordan Chase