

SCHOOL AGE ONLY INSPECTION FORM

- INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Osborn Child Care</u>	License Number: <u>70622</u>	Date of Inspection: <u>4/24/23</u>	Time of Arrival: <u>3:15 pm</u>
Address: <u>760 Stillson Rd</u>	Expiration Date: <u>9.30.25</u>	Licensed Capacity: <u>100</u>	
Town: <u>Fairfield, Ct. 06824</u>	Telephone: <u>(203) 940-9755</u>	# of children present: <u>24</u>	# of staff present: <u>4</u>
Operator: <u>Easton Community Center Inc</u>	Director: <u>Joel Silkoff</u>	Head Teacher: <u>Philip Mc Donald</u>	
Email: <u>J. silkoff@eastoncc.com</u>	Summer Care: <u>No</u>		
Hours of Operation: <u>M-F 7-9am and 3:30-6pm</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>5-12 years</u>			

Licensure Procedures 19a-79-2a
 1. Local Health Inspection Date: 8-10-22

- 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: 8-10-22
 - 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: _____
 - 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: [Signature]
Print Name: Keri R Roberts

Written Corrective Action Plan
Due to OEC by: 5-8-23

Signature of Person in Charge: [Signature]
Print Name: Joel Silkoff

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <u>Osborn Child Care</u></p> <p>Physical Plant continued:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Water Temperature 60°-115° <input checked="" type="checkbox"/> 68. Portable Space Heaters <input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input checked="" type="checkbox"/> 70. Rugs Secure <input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/> 72. Working Phone on Each Level <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic <input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <p>Outdoor Space</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free from Hazards <input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N) <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p>Educational Requirements 19a-79-8a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <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 <p>Administration of Medications 19a-79-9a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p>Self-Administration</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization <p>Emergency Distribution of Potassium Iodide</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage 	<p>License Number: <u>70622</u></p> <p>Date of Inspection: <u>4/24/23</u></p> <p>Under Three Endorsement 19a-79-10</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 109. Approved Endorsement <input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input checked="" type="checkbox"/> 111. Group Size no Larger than 8 <input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space <input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input checked="" type="checkbox"/> 115. Washable Cots <input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input checked="" type="checkbox"/> 120. Washed/Disinfected <input checked="" type="checkbox"/> 121. Disposable Paper Sheets <input checked="" type="checkbox"/> 122. Covered Waste Receptacle <input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted <input checked="" type="checkbox"/> 124. Hand Washing Policy Posted <input checked="" type="checkbox"/> 125. Individual Storage of Personal Items <input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N <input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits <input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded <input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <p>Outdoor Play Space-Under Three:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <p>School Age Children Endorsement 19a-79-11</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate <p>Night Care Endorsement 19a-79-12 (10pm-5am)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 148. Approved Endorsement <input checked="" type="checkbox"/> 149. Written Program Plan/Supervision <input checked="" type="checkbox"/> 150. Staff Awake/Available <input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input checked="" type="checkbox"/> 152. Individual Storage of Personal Items <input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <p>Monitoring of Diabetes 19a-79-13 <i>No One Currently Enrolled</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications 	
<p>Signature of OEC Representative <i>J. K. Roberts</i></p> <p>Print Name: <u>Jenni K Roberts</u></p>	<p>Written Corrective Action Plan Due to OEC by: <u>5-8-23</u></p>	<p>Signature of Person in Charge <i>Joel Silkeff</i></p> <p>Print Name: <u>Joel Silkeff</u></p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Osborn Child Care License # 70622 Date: 4/24/23

Observations/Corrections needed:

- 16 - 2 of 6 not available for review and 1 of 6 on a child health record and a camp record. Does not have required statement.
 and/or incomplete
- 17 - 5 of 6 had no record, 1 of 6 didn't meet requirement for 21-2022
- 32 - 5 of 8 had no enrollment date

Rust on boys bathroom stall

Discussed: Program to submit information on black mats on play-ground

Program located in a public school building

Staff attendance and time cards, dates not specific but show range

Alternate director aware 3 credit course required if new director not hired.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5-8-23

Signature: [Signature]
Print Name: Jenni K Roberts
(OEC Representative)

Signature: [Signature]
Print Name: Joel Silcott
(Person in Charge)