

SCHOOL AGE ONLY INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Easton Community Center / B/School Program</u>	License Number: <u>16645</u>	Date of Inspection: <u>10/2/23</u>	Time of Arrival: <u>3:50 pm</u>
Address: <u>190 Putting Green Rd</u>	Expiration Date: <u>2-28-25</u>	Licensed Capacity: <u>92</u>	
Town: <u>Fairfield, CT 06825</u>	Telephone: <u>(203) 459-9700</u>	# of children present: <u>53</u>	# of staff present: <u>8</u>
Operator: <u>Easton Community Center</u>	Director: <u>George Taxitaridis</u>	Head Teacher: <u>George Taxitaridis</u>	
Email: <u>j.silkoff@eastoncc.com</u>	Summer Care: <u>No</u>		
Hours of Operation: <u>M-F 7-845 am and 3:30 to 6 pm</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: 8-10-23

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: 8-9-23
- 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:

Written Corrective Action Plan
Due to OEC by:

Signature of Person in Charge:

Print Name: Terril R Roberts

10.16.23

Print Name: George Taxitaridis

SCHOOL AGE ONLY INSPECTION FORM

snob

Program Name: <u>Easton Community Center B/A Program</u>	License Number: <u>16645</u>	Date of Inspection: <u>10/2/23</u>
----------------------------------------------------------	------------------------------	------------------------------------

- 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

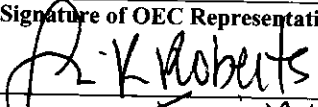
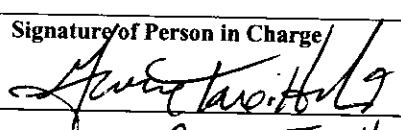
- Outdoor Space**
- 87. Outdoor Space Adequate Sq. Ft. Per Child
 - 88. Impact Absorbing Material under Equipment
 - 89. Playground Free of Hazards
 - 92. Equipment Anchored/Safely Arranged
 - 93. Outdoor Playground Protected
 - 94. Drinking Water Available/Accessible

- 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

- 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** *No one currently enrolled*
- 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  Print Name: <u>Terri R Roberts</u>	Written Corrective Action Plan Due to OEC by: <u>10.16.23</u>	Signature of Person in Charge  Print Name: <u>George Taxi Hadis</u>
-------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Easton Community Center B/A School Program License # 16645 Date: 10/2/23

Observations/Corrections needed:

S-19a-7a-3a(a) 1 staff did not submit a background check and providing ^{direct} care
17- 2 didnt meet required hours for 22-23', and 2 had no document-
tation
18b- 1 staff in needs bc status providing direct care to children
16- 1 on a town form (no Required Statement), 2 not available for review
and 1 on a camp form (no required statement)

Disussed:

Program located in a Public School building

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

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
Print Name: George Tavildis
(Person in Charge)

OEC BY: 10.16.23