



PROGRAM NAME: ERFC before school prudence LICENSE NUMBER: 70376 DATE OF INSPECTION: 1/13/25

RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36. (a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 37. (a)(1)(D)(i)	<b>PARENT PERMISSIONS</b>	<input checked="" type="checkbox"/> 73. (d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> 74. (d)(3)	Window screens (Schl age only-N/A)
<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 75. (d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 76. (d)(5)	Overhead doors-locking devices, spring protectors
<input checked="" type="checkbox"/> 38. (a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39. (a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/> 78. (d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40. (a)(2)(E)	Immunization records	<input checked="" type="checkbox"/> 79. (d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41. (a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 80. (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42. (a)(3)(B)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 81. (d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 82.	<b>TOILETING</b>
<input checked="" type="checkbox"/> 44. (a)(3)(D)	Notify OEC of serious injuries, fatality		Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 45. (a)(4)	Notify DPH, local health-reportable diseases		Toileting needs met
	Video recordings- keep 30 days		Potty chairs-nonporous, emptied, disinfected

HEALTH and SAFETY 19a-79-6a		PHYSICAL PLANT 19a-79-7a	
<input checked="" type="checkbox"/> 46. (a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	<input checked="" type="checkbox"/> 83. (d)(10)(A)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 84. (d)(10)(B)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 85. (e)(1)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> 86. (e)(2)	Handwashing staff/children
<input checked="" type="checkbox"/> 50. (a)(5)	Food Service Inspection <u>                    </u> (N/A)	<input checked="" type="checkbox"/> 87. (e)(3)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> 51. (a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 88. (e)(4)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 52. (a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 89. (e)(5)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 53. (a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 90. (e)(6)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 54. (a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 91. (e)(7)	<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/> 55. (a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> 92. (e)(7)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> 56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 93. (e)(7)	Air temp <65°F comfortable (Schl age only N/A)
<input checked="" type="checkbox"/> 57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 94. (e)(7)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 58. (b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 95. (e)(8)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> 59. (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 96. (e)(9)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 60. (c)	<b>FIRST AID SUPPLIES</b> -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"/> 97. (e)(10)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 61. (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 98. (e)(11)	Rugs- not tripping/slipping hazard
		<input checked="" type="checkbox"/> 99. (e)(14-15)	Hot water/Steam pipes protected
		<input checked="" type="checkbox"/> 100. (e)(16)	Working phone on each level
		<input checked="" type="checkbox"/> 101. (e)(17)	Emergency numbers posted-adjacent to phones
		<input checked="" type="checkbox"/> 102. (e)(18)	Parents provided direct on site phone number
		<input checked="" type="checkbox"/> 103. (f)(1)(A)	<b>LIGHTING</b>
		<input checked="" type="checkbox"/> 104. (g)(1)	All areas min. 1 foot candle of lighting
		<input checked="" type="checkbox"/> 105. (g)(2)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
		<input checked="" type="checkbox"/> 106. (g)(3)	Schl age only-lighting for comfort
		<input checked="" type="checkbox"/> 107. (g)(4)	Light fixtures shielded/shatter proof

PHYSICAL PLANT 19a-79-7a		PHYSICAL PLANT 19a-79-7a	
<input checked="" type="checkbox"/> 62. (a)(2)	Fire marshal codes/certificate <u>9/15/24</u>	<input checked="" type="checkbox"/> 108. (g)(1)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 109. (g)(2)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 110. (g)(3)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 111. (g)(4)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 66. (c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established		Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)		Prevention of vermin-openings screened
<input checked="" type="checkbox"/> 68. (c)(4)	Testing of premises/grounds for chemicals		Radon test- Results: <u>                    </u> N/A
<input checked="" type="checkbox"/> 69. (c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)		Results posted-Date: <u>                    </u> (Schls-N/A)
<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>                    </u>		Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u>                    </u> N/A		Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 70. (c)(6)(A)	Drinking water available/accessible		Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> (c)(6)(B-D)	<b>LEAD PAINT</b> - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results <u>                    </u>		Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/> 71. (d)(1)	Lead Management Plan <u>                    </u>		Air conditioners, water heaters, fuse boxes inaccessible
	Emergency vehicle access		Developmentally app equipment, materials

PROGRAM NAME		LICENSE NUMBER		DATE OF INSPECTION	
ERFC Before School Kinder		70576		1/13/25	
PHYSICAL PLANT 19a-79-7a cont.		UNDER THREE ENDORSEMENT 19a-79-10 cont.			
108.	(g)(5)	129.	(f)(1)	<b>LINENS/CLOTHING</b>	
109.	(g)(6)		(f)(2)	Linens/emergency clothing available	
110.	(j)		(f)(3)	Linens washed weekly or as needed	
111.	(h)(1)		(f)(4)	Linens/clothing stored individually	
	(h)(2)		(g)(1)	Cribs/cots cleaned-linens changed when shared	
	(h)(3)	130.	(g)(1)	<b>SAFE SLEEP</b>	
	(h)(4)		(g)(2)	Under 12 mths placed on back for sleeping	
	(h)(5)		(g)(3)	Crib-snug fitting mattress/tightly fitted sheet	
	(h)(6)		(g)(4)	Alternate sleep position/equipment-medical documentation for medical reason on file	
	(h)(8)		(g)(5)	Infants allowed to adopt other sleep positions	
	(h)(9)		(g)(6)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles	
12.	(h)(7)		(g)(7)	No unapproved sleeping-car seats/swings/beds, etc.	
13.	(h)(7)(A)		(g)(8)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes	
	(h)(7)(B)	131.	(h)(1)	Observe/assess infants at least every 15 minutes	
	(h)(7)(C)	132.	(h)(1)	Teething necklaces/bracelets, jewelry inaccessible	
14.	(i)	133.	(h)(2)	Safe sleep policies posted/parents informed	
	(i)	134.	(h)(2)	Infant toys-separate/washed/sanitized daily	
	(i)	135.	(i)(1)(2A-C)	Toddler toys-washed/sanitized weekly	
	(i)	136.	(j)	No toys/objects less than 1 1/4" diameter	
	(i)		(k)(1)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision	
	(i)		(k)(2)	Health consultant visits/documentation	
	(i)		(k)(3)	<b>FEEDING</b>	
	(i)		(k)(4)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle	
	(i)		(k)(5)	Written feeding schedule from parent-updated	
	(i)		(l)(1)	Unused formula/milk discarded after feedings	
	(i)		(l)(2)	Clean bottles/disposable bottles/appvd washing	
	(i)		(l)(3)	Baby food served from dish or whole jar	
	(i)			Bottles labeled with child's name	
	(i)			Outdoor spaced fenced-4 ft lic. after 1/1/25	
	(i)			Outdoor equipment-developmentally appropriate for ages of the children	
	(i)			Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety	
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>		<b>SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N</b>			
15.	(a)	137.	(j)	Approved Schl Age Endorsement	
16.	(a)	138.	(k)(1)	<b>SCHEDULE - ACTIVITIES</b>	
	(1)-(11)	139.	(k)(2)	Written daily program plan-flexible schedule-available to staff/parents	
	(b)		(k)(3)	Activities not a duplication of child's day	
	(b)		(k)(4)	Activities include cognitive, physical, social, emotional needs of the children	
	(b)		(k)(5)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	
	(b)		(l)(1)	Ratio- 1:15	
	(b)		(l)(2)	Group size- max. 30	
	(b)		(l)(3)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	
	(b)			Head teacher approved- 60%	
<b>UNDER THREE ENDORSEMENT 19a-79-10 Y/N</b>		<b>SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N</b>			
117.	(b)	140.	(b)	Approved Schl Age Endorsement	
118.	(c)(2)	141.	(c)	<b>SCHEDULE - ACTIVITIES</b>	
119.	(c)(3)	142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents	
120.	(c)(4)		(c)(2)	Activities not a duplication of child's day	
121.	(d)(1)(A-C)		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children	
122.	(d)(2)(Ai-iii)	143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	
123.	(d)(2)(B)	144.	(e)	Ratio- 1:15	
124.	(d)(2)(C)	145.	(f)	Group size- max. 30	
125.	(d)(2)(D)	146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	
126.	(d)(2)(E)			Head teacher approved- 60%	
127.	(d)(3)(A-C)				
128.	(e)(1)				
	(e)(2)				
	(e)(3)				
	(e)(4)				
	(e)(5)				
	(e)(6)(9)				
	(e)(7)				
	(e)(8)				
	(e)(10)(A-C)				

92FC Before School Prudence

70576

1/13/25

- 147. (b)
- 148. (b)(1)
- 149. (b)(2)
- 150. (b)(3)
- 151. (b)(4)
- 152. (b)(5)
- 153. (b)(6)
- (b)(6)(A)
- (b)(6)(B)
- (b)(6)(C)
- (b)(6)(D)
- (b)(7)
- 154. (b)(8)
- 155. (b)(9)
- 156. (b)(10)

Approved Night Care Endorsement  
 Person in charge-head teacher  
 Written plan for program activities- meet individual needs, sleep patterns, quiet activities  
 Written plan for supervision including cot placement and evacuation  
 Children in care no more than 12 hrs. in 24  
 Staff awake and available  
**SLEEP PROVISIONS**  
 Individual cot/crib with bedding  
 Sleeping apparel/toiletries labeled  
 Required bedding  
 Required toiletries  
 Bedding/sleeping apparel laundered weekly  
 Sleep arrangements for infants  
 Air temp 65 °F at 3 ft  
 Fire marshal approval-hours specified  
 Local health approval

- 171. (a)(1)
- 172. (b)(1)(A)
- (b)(1)(B)
- (i)-(iii)
- (b)(2)
- (b)(3)
- (c)(2)
- (c)(3)
- 173. (d)(1)
- 174. (d)(2)
- 175. (d)(3)
- 176. (e)(1)
- 177. (e)(2)
- 178. (e)(3)
- 179.

Written policies and procedures  
**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  
 Equipment provided by parents  
 Equipment labeled and inaccessible  
 Signed agreement with parent regarding equipment, supplies, materials to be discarded  
 Authorized prescriber written order  
 Written authorization from parent  
 Testing results and actions taken - documented and kept on file, ensure parents are notified daily

**ADMINISTRATION OF MEDICATIONS 19a-79-9a**

**ADDITIONAL VIOLATION**

- 7. (9a)
- 8. (9a)
- 9. (a)(2)
- (a)(3)(A-B)
- (a)(3)(C)
- 10. (b)(1)(A/C)
- (b)(1)(D)
- (b)(1)(E)
- (b)(1)(F)
- (b)(2)(A-B)
- (b)(2)(C)
- 11. (b)(3)(A-B)
- 12. (b)(3)(D)
- 63. (b)(4)(A-B)
- 64. (b)(5)(A-B)
- 65. (b)(5)(C)
- 66. (b)(5)(D)
- 67. (b)(5)(E)
- 68. (b)(6)
- 69. (b)(7)(A-B)
- 170. (d)

Written medication policies/procedures  
 Permit enrollment of children with asthma, allergies, diabetes  
**NONPRESC. TOPICAL MEDICATION**  
 Admin/Parent permission/report errors  
 Labeling and Storage  
 Unused/expired meds destroyed/returned  
**MEDICATION TRAINING**  
 Medication training-general-oral/top/inhalant  
 Injectable premeasured autoinjector medication  
 Rectal medication  
 Injectable other than premeasured auto-injector  
 Training approval documents/certificates  
 Training outline on file  
 Authorized prescriber/parent permission  
 Medication errors- documentation, parent(s) and OEC notification  
 Medication Administration Records (MAR)  
 Labeling and Storage  
 Emergency medication inaccessible  
 Unused/Expired meds-destroyed/returned  
 Auto-injector/inhalant equipment  
 Self-administration documentation  
 Petition for special medication authorization  
 Potassium Iodide (KI) emergency distribution-permission and storage N/A

180. - Consent Order/Negotiated Corrective Action Plan conditions N/A

**DISCUSSIONS - COMMENTS**

- Health and safety training for all staff  
 - new regulations / all items on checklist  
 - date on authorization form for asthma - correct  
 - cleaner spray - include dilutions on bottle  
 - Education consultant visit 1x year

**DATE**  
**OEC STAFF**  
 [Signature]  
**PRINTED NAME**  
 Krellerman

**SIGNATURE OF PERSON IN CHARGE**  
 [Signature]  
**PRINTED NAME**  
 Taylor Gossett

CT DIVISION OF LICENSING  
 100 Columbus Blvd, Suite 302, Hartford, CT 06103  
 Help Desk: (800)282-6063 or (860)500-4450  
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Written Corrective Action Plan  
 Due by: 1/27/25  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: 2KFC Before School Prudence License # 70376 Date: 1/13/25

Observations/Corrections needed:

Regulations Not in compliance when observed  
#11 (a)(2)(A), (2)(4)(B), (d)(6)(c) - policies not current with  
new regulations

#19 - 1 staff health record not on Adult physical  
#35 - (i), (f) - Consultant agreements not current with  
new regulations or not on site. No logs observed for  
Social Service and Education to review policies/procedures

#115 - written daily/weekly plan not current with new  
regulations (K)

#116 (i, ii) - Educational requirements not current with  
new regulations (K)

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]  
(OEC Representative) [Signature]

Signature: [Signature]  
(Person in Charge)

Taylor Gosselin

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/27/25