

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

ERFC before school elementary	1/27/25	720AM
94 Middle Rd	70050	813/28
Enfield, CT 06082	8008410400	closed
Educational Resources for children	# of Staff Present: 2	# over 3 Present: 13
lchase@erfc.us	Total Capacity: 100	Total Under 3 capacity: 0
Laura Northworth		Ages Served: 8y15-11y
		7AM 825AM M-F

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSING AND COMPLIANCE		STAFFING and CONSULTANTS	
<input checked="" type="checkbox"/> 1. (c)(8)	Local Health Inspection-Date: 01/11/25	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3. (b)	Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change	<input type="checkbox"/> (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 11. (d)(2)(A)	POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> (d)(6)	Mixed age group-ratios
<input checked="" type="checkbox"/> (d)(2)(B-C)	Discipline policy	<input checked="" type="checkbox"/> (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(3)	Child Protection policy	<input checked="" type="checkbox"/> (d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> (d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> (d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6)	Supervision policy	<input checked="" type="checkbox"/> (f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6)(C)	General Operating policies	<input checked="" type="checkbox"/> 32. (f)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(7)	Administrative Oversight policy	<input checked="" type="checkbox"/> 33. (a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(1)	Personnel policies	<input checked="" type="checkbox"/> (h)(1)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (b)(1)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 13. (f)	ACCESS	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Documentation
<input checked="" type="checkbox"/> (h)	Immediate access by parents	<input checked="" type="checkbox"/> (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 14. (l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 15. (m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> (e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 16. (n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (i)(1)(A-D)	Swimming-Ratios
<input checked="" type="checkbox"/> 17. (o)	Capacity	<input checked="" type="checkbox"/> (i)	Non-swimmers identified
<input checked="" type="checkbox"/> 18. (e)(1)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (i)(2)(A-H)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(2)	POSTINGS	<input checked="" type="checkbox"/> (F)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (e)(3)	License posted	<input checked="" type="checkbox"/> (i)(2)	CONSULTANTS
<input checked="" type="checkbox"/> (e)(4)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (e)(5)	Menus posted		Consultant agreements-signed annually
<input checked="" type="checkbox"/> (e)(6)	No Smoking posted signs at entrances		Agreements complete w/required services
	OEC Inspection report posted or available		Consultant logs-documented activities, observations and required services
	Developmental Milestones posted		Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	0	0	0
Health	0	0	0
Soc. Serv.	0	0	0
Dietitian	0	0	0

PROGRAM NAME: EFHC Before School E/L Unit LICENSE NUMBER: 70080 DATE: 1/27/2

RECORD KEEPING 19a-79-7a		PHYSICAL PLANT 19a-79-7a	
<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2)
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73. (d)(3)
<input checked="" type="checkbox"/> (a)(1)(D)(i)		Emergency medical permission	<input checked="" type="checkbox"/> 74. (d)(3)
<input checked="" type="checkbox"/> (a)(1)(D)(ii)		Authorized release permission	<input checked="" type="checkbox"/> 75. (d)(4)
<input checked="" type="checkbox"/> (a)(1)(D)(iii)		Field trip permission	<input checked="" type="checkbox"/> 76. (d)(5)
<input checked="" type="checkbox"/> (a)(1)(D)(iv)		Transportation permission	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)
<input checked="" type="checkbox"/> 38. (a)(2)(A-B)		Child Health Records	<input checked="" type="checkbox"/> 78. (d)(7)
<input checked="" type="checkbox"/> 39. (a)(2)(C)		Immunization records	<input checked="" type="checkbox"/> 79. (d)(8)
<input checked="" type="checkbox"/> 40. (a)(2)(E)		Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 80. (d)(8)
<input checked="" type="checkbox"/> 41. (a)(3)(A)		Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 81. (d)(9)
<input checked="" type="checkbox"/> 42. (a)(3)(B)		Parent notification of illness or injury	<input checked="" type="checkbox"/> 82.
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)		Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> (d)(10)(A)
<input checked="" type="checkbox"/> 44. (a)(3)(D)		Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(10)(B)
<input checked="" type="checkbox"/> 45. (a)(4)		Video recordings- keep 30 days	<input checked="" type="checkbox"/> (d)(10)(C)

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)(11)	Walkways maintained
<input checked="" type="checkbox"/> 47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 84. (e)(1)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 85. (e)(1)	Window screens (Schl age on)
<input checked="" type="checkbox"/> 49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> 86. (e)(3)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 50. (a)(5)	Food Service Inspection <u>N/A</u>	<input checked="" type="checkbox"/> 87. (e)(4)	Overhead doors-locking devices, spring protectors
<input checked="" type="checkbox"/> 51. (a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 88. (e)(5)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 52. (a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 89. (e)(5)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 53. (a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 90. (e)(6)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 54. (a)(9)	Kitchen separated (Schl age only <u>N/A</u>)	<input checked="" type="checkbox"/> 91. (e)(7)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 55. (a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> 92. (e)(7)	Electrical safety-outlets inaccessible-co or protected (Schl age on)
<input checked="" type="checkbox"/> 56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 93. (e)(7)	TOILETING
<input checked="" type="checkbox"/> 57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 94. (e)(8)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 58. (b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 95. (e)(9)	Toileting needs met
<input checked="" type="checkbox"/> 59. <input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 96. (e)(11)	Potty chairs-nonporous, emptied, disinf
<input checked="" type="checkbox"/> 60. <input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -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)(12)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 61. <input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 98. (e)(13)	Required toilets/sinks-1:25 schl age on

PHYSICAL PLANT 19a-79-7a		PHYSICAL PLANT 19a-79-7a	
<input checked="" type="checkbox"/> 62. (a)(2)	Fire marshal codes/certificate <u>1/24/24</u>	<input checked="" type="checkbox"/> 99. (e)(14-15)	Required toilets/sinks-1:25 schl age on
<input checked="" type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 100. (e)(16)	Toileting Supplies-Hand drying-Garba
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 101. (e)(17)	Handwashing staff/children
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 102. (e)(18)	Toilets/sinks located-at the facility or lic premises
<input checked="" type="checkbox"/> 66. (c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 103. (f)(1)(A)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) <u>(N/A)</u>	<input checked="" type="checkbox"/> 104. (g)(1)	Mechanical ventilation (Grp Hom)
<input checked="" type="checkbox"/> 68. (c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 105. (g)(2)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 69. (c)(5)(A)	WATER SUPPLY - Public/Well (Schools- <u>N/A</u>)	<input checked="" type="checkbox"/> 106. (g)(3)	AIR TEMPERATURE
<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____ N/A	<input checked="" type="checkbox"/> 107. (g)(4)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age on)
<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____		Air temp < 65°F comfortable (Schl age on)
<input checked="" type="checkbox"/> 70. (c)(6)(A)	Drinking water available/accessible		Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y/ <u>N</u> Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____		Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> 71. (d)(1)	Emergency vehicle access		Portable space heaters prohibited

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION

PROGRAM NAME: ELFC Before School EVI **LICENSE NUMBER:** 70080 **DATE:** 1/27

PHYSICAL PLANT 19a-79-7a cont. **UNDER THREE ENDORSEMENT 19a-79-10**

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. **OUTDOOR SPACE**
 - (h)(1) Adequate space- 75 sq. ft. per child
 - (h)(2) Shock absorbing surfaces-minimum 8"
 - (h)(3) Playground free from hazards
 - (h)(4) Nuts, bolts, screws-tight, covered/protected
 - (h)(5) Outside equipment anchored-anchors buried
 - (h)(6) New equip- cert playg. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. **OUTDOOR PROTECTED/FENCING**
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
- 113. (h)(7)(A) Fences installed to protect from hazards-4 ft
- (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A
- 114. **WATER HAZARDS**
 - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible N/A

- 129. **LINENS/CLOTHING**
 - (f)(1) Linens/emergency clothing available
 - (f)(2) Linens washed weekly or as needed
 - (f)(3) Linens/clothing stored individually
 - (f)(4) Cribs/cots cleaned-linens changed when
- 130. **SAFE SLEEP**
 - (g)(1) Under 12 mths placed on back for sleep
 - (g)(1) Crib-slug fitting mattress/tightly fitted
 - (g)(1) Alternate sleep position/equipment-med documentation for medical reason on fi
 - (g)(2) Infants allowed to adopt other sleep po
 - (g)(3) No items in/on cribs-blankets, toys, bu pillows, weighted blankets/sleepers/swa
 - (g)(4) No unapproved sleeping-car seats/swings/be
 - (g)(5) No swaddling w/o written documentati
 - (g)(6) MD/PA/APRN- instructions/timeframes
 - (g)(7) Observe/assess infants at least every 15
 - (g)(8) Teething necklaces/bracelets, jewelry ina
 - (h)(1) Safe sleep policies posted/parents inform
 - (h)(1) Infant toys-separate/washed/sanitized c
 - (h)(2) Toddler toys-washed/sanitized weekly
 - (h)(2) No toys/objects less than 1 1/4 " diamete
 - (i)(1)(2A-C) Plastic bags/balloons/styrofoam inaccess unless under direct supervision
 - (j) Health consultant visits/documentation
- 131. **FEEDING**
 - (k)(1) Infants held for bottles - chairs for feed individual attn, tummy time, crawl/tod
 - (k)(2) Written feeding schedule from parent-i
 - (k)(3) Unused formula/milk discarded after fo
 - (k)(4) Clean bottles/disposable bottles/appvd
 - (k)(5) Baby food served from dish or whole ja
 - (l)(1) Bottles labeled with child's name
 - (l)(2) Outdoor spaced fenced-4 ft lic. after 1/
 - (l)(3) Outdoor equipment-developmentally appropriate for ages of the children
- 132. Shock ab materials less than 1 1/4 "-or n
- 133. in place to ensure their health & safety
- 134.
- 135.
- 136.
- 137.
- 138.
- 139.

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) **EDUCATIONAL REQUIREMENTS**
 - (1)-(11) Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
 - (b) Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 YC **SCHOOL AGE ENDORSEMENT 19a-79-11**

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)
- 120. (c)(4) Physical barriers- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. **DIAPERING**
 - (e)(1) Diaper area: elevated/sturdy/safety rail
 - (e)(2) Diaper area: used only for this purpose, located in the program area
 - (e)(3) Diaper area: non-porous surface/good repair
 - (e)(4) Diaper area: washed/disinfected after use
 - (e)(5) Diaper area: disposable paper sheets
 - (e)(6)(9) Covered waste receptacle-removed daily
 - (e)(7) Handwashing-staff/children
 - (e)(8) Diapering-Handwashing policies-posted/followed
 - (e)(10)(A-C) Cloth diapers-written plan developed

- 140. (b) Approved Schl Age Endorsement
- 141. **SCHEDULE - ACTIVITIES**
 - (c) Written daily program plan-flexible s available to staff/parents
 - (c)(1) Activities not a duplication of child's
 - (c)(2) Activities include cognitive, physical, emotional needs of the children
 - (c)(3) Program includes free time, snacks, creative/physical/small group/self-co activities, homework time, special ev
- 142.
- 143. (d) Ratio- 1:15
- 144. (e) Group size- max. 30
- 145. (f) 4 yr. olds enrolled in schl age-writte authorization/permission from dire
- 146. (g) Head teacher approved- 60%

CHILD CARE CENTER OR GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: EEFC before school school care LICENSE NUMBER: 70080 DATE OF INSPECTION: 1/27/25

NIGHT CARE ENDORSEMENT 19a-79-12 (Y/N)			MONITORING OF DIABETES 19a-79-13 (Y/N)		
<input type="checkbox"/>	147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171. (a)(1)	Written policies and procedures
<input type="checkbox"/>	148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172. (b)(1)(A)	STAFF TRAINING
<input type="checkbox"/>	149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>	(b)(1)(B)	Staff training – first aid
<input type="checkbox"/>	150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>	(i)-(iii)	Staff training – use/storage/maintenance monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/>	151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>	(b)(2)	Training updated at least every 3 years
<input type="checkbox"/>	152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/>	(b)(3)	Written documentation of training
<input type="checkbox"/>	153. (b)(6)	SLEEP PROVISIONS	<input checked="" type="checkbox"/>	(c)(2)	Trained staff on site when child is present
<input type="checkbox"/>	(b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/>	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/>	(b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>	(d)(1)	Equipment provided by parents
<input type="checkbox"/>	(b)(6)(C)	Required bedding	<input checked="" type="checkbox"/>	(d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/>	(b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/>	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be documented
<input type="checkbox"/>	(b)(7)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	177. (e)(1)	Authorized prescriber written order
<input type="checkbox"/>	154. (b)(8)	Sleep arrangements for infants	<input checked="" type="checkbox"/>	178. (e)(2)	Written authorization from parent
<input type="checkbox"/>	155. (b)(9)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>	179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/>	156. (b)(10)	Fire marshal approval-hours specified			
<input type="checkbox"/>		Local health approval			

ADMINISTRATION OF MEDICATIONS 19a-79-9a (Y/N)			ADDITIONAL VIOLATION		
<input checked="" type="checkbox"/>	157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180. -	Consent Order/Negotiated Corrective Plan conditions
<input checked="" type="checkbox"/>	158. (9a)	Permit enrollment of children with asthma, allergies, diabetes			
<input checked="" type="checkbox"/>	159. (a)(2)	NONPRESC. TOPICAL MEDICATION			
<input checked="" type="checkbox"/>	(a)(3)(A-B)	Admin/Parent permission/report errors			
<input checked="" type="checkbox"/>	(a)(3)(C)	Labeling and Storage			
<input checked="" type="checkbox"/>	160. (b)(1)(A/C)	Unused/expired meds destroyed/returned			
<input checked="" type="checkbox"/>	(b)(1)(D)	MEDICATION TRAINING			
<input checked="" type="checkbox"/>	(b)(1)(E)	Medication training-general-oral/top/inhalant			
<input checked="" type="checkbox"/>	(b)(1)(F)	Injectable premeasured autoinjector medication			
<input checked="" type="checkbox"/>	(b)(2)(A-B)	Rectal medication			
<input checked="" type="checkbox"/>	(b)(2)(C)	Injectable other than premeasured auto-injector			
<input checked="" type="checkbox"/>	(b)(3)(A-B)	Training approval documents/certificates			
<input checked="" type="checkbox"/>	(b)(3)(D)	Training outline on file			
<input checked="" type="checkbox"/>	161. (b)(3)(A-B)	Authorized prescriber/parent permission			
<input checked="" type="checkbox"/>	162. (b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/>	163. (b)(4)(A-B)	Medication Administration Records (MAR)			
<input checked="" type="checkbox"/>	164. (b)(5)(A-B)	Labeling and Storage			
<input checked="" type="checkbox"/>	165. (b)(5)(C)	Emergency medication inaccessible			
<input checked="" type="checkbox"/>	166. (b)(5)(D)	Unused/Expired meds-destroyed/returned			
<input checked="" type="checkbox"/>	167. (b)(5)(E)	Auto-injector/inhalant equipment			
<input checked="" type="checkbox"/>	168. (b)(6)	Self-administration documentation			
<input checked="" type="checkbox"/>	169. (b)(7)(A-B)	Petition for special medication authorization			
<input checked="" type="checkbox"/>	170. (d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)			

DISCUSSIONS - COMMENTS

- All regulations/items discussed

- Health and safety training all staff

- Education consultant visit year.

SIGNATURE OF OEC STAFF	<i>[Signature]</i>	SIGNATURE OF COLLECTOR	<i>Colleen R Mills</i>
PRINTED NAME	K Kellerman	SIGNATURE OF COLLECTOR	<i>Colleen R Mills</i>
OEC DIVISION OF LICENSING 50 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov		Inspection shall be posted or available for review upon request Written Corrective Action Plan Due by: <u>2/10/25</u> CAP: https://www.ctoec.org/documents/corrective-action-p-disputed-violations.pdf	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ERFC Before school ELL License # 70080 Date: 1/27/
Whitney

Observations/Corrections needed:

- Regulations not in compliance when observed
- #11(a)(2)(A), (a)(4)(B), (a)(6)(c) - policies not current w/ new regulations
- #18(e)(2) - old complaint procedure posted
- #19 - 1 staff health record not available on adult
- #22 - Background checks evidence of compliance not obs
- #33(a)(2) + (h)(1)(2) No documentation of professional development for 1% hours for ³ staff
- #35(i) + (f) + (l)(2) - No consultant agreements or logs of visits observed for program. send copies to Agency.
- #38 - 1 child health record missing
- #39 - 1 child's immunization missing some vacc
- #116(a)(1-11) - Educational requirements not current w/ new regulations
- #161 - 1 child's Asthma Authorization form ex
- #5 - 1 Annual staff training not available

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: 2/10/25

Signature: *Ma Kellan*
(OEC Representative)
Print Name: FRIDMAN

Signature: *Colleen B. Mills*
(Person in Charge)
Print Name: Colleen B. Mills