

**CHILD CARE CENTER/GROUP CHILD CARE HOME
SCHOOL AGE ONLY INSPECTION FORM**

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

Program Name:	ECC Osborn Hill BIA School	Date of Inspection:	8-26-24	Time of Arrival:	3:30 PM
Address:	760 Stillson Rd Program	License Number:	70622	Expiration Date:	9-30-25
Town:	Fairfield	Telephone Number:	203-459-9700	Summer Care:	Closed
Operator:	Eastern Community Center INC	# of Staff Present:	8	# children Present:	40
Email:	George + @eastancc.com	Ages Served:	5-12 YRS	Total Capacity:	100
Designated Director:	George Taxilardis	Days of Operation:	M-F	Hours of Operation:	7:00am-3:00pm

Instruction Codes: √ = Regulation in Compliance O = Regulation not in Compliance N/A = Not applicable at this time

LICENSURE PROCEDURES 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 8-26-24

ADMINISTRATION 19a-79-3a

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	<u>POLICIES-COMLETE/IMPLEMENTED</u>
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	<u>ACCESS</u>
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	<u>POSTINGS</u>
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight Policy
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 7a(e)(17)	Radon test posted (Schls-N/A)

STAFFING and CONSULTANTS 19a-79-4a

<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance -with bknd cks/history
<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29. (d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 30. (e)(1)	Designated director-training
<input checked="" type="checkbox"/> 31. (f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 32. (f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 33.	<u>PROFESSIONAL DEVELOPMENT</u>
<input checked="" type="checkbox"/> (a)(2)	Documentation
<input checked="" type="checkbox"/> (h)(1)	Health & Safety training
<input checked="" type="checkbox"/> (h)(2)	1% annual hours
<input checked="" type="checkbox"/> 34.	<u>SWIMMING ACTIVITIES - Y/N</u>
<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 35.	<u>CONSULTANTS</u>
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> (i) - (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (i)(2) (H)(i)-(I)(i)	Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	N/A	N/A	✓

CHILD CARE CENTER/GROUP CHILD CARE HOME SCHOOL AGE ONLY INSPECTION FORM – page 2

PROGRAM NAME	ECC Osborn Hill B1A	LICENSE NUMBER	70622	DATE OF INSPECTION	4-25
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RECORD KEEPING 19a-79-5a *School Program*

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	(a)(1)(D)(i)	<u>PARENT PERMISSIONS</u>
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Transportation permission
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Child Health Records
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Immunization records
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 45.	(a)(4)	Notify DPH, local health-reportable diseases
		Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Kitchen-clean/safe storage of food/supplies (N/A)
<input checked="" type="checkbox"/> 53.	(a)(8)	Separate hand washing facilities
<input checked="" type="checkbox"/> 55.	(a)(10)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 56.	(a)(11)	Children supervised during meal prep
<input checked="" type="checkbox"/> 57.	(b)(1)	Handwashing-staff/children
		Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (c)	<u>FIRST AID SUPPLIES</u> -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"/> (d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <i>82604</i>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	<u>WATER SUPPLY</u> - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
		Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	<u>LEAD PAINT</u> - Building Pre-78: Y/N Lead Test: Y/N Results <i>ILBP</i>
		Lead Management Plan _____
<input checked="" type="checkbox"/> 71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/> 72.	(d)(2)	Emergency vehicle access
<input checked="" type="checkbox"/> 73.	(d)(3)	Walkways maintained
<input checked="" type="checkbox"/> 76.	(d)(5)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A)
		Exits, stairs, hallways unobstructed

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)	<u>SMOKING</u>
	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
		Matches/lighters inaccessible
		<u>TOILETING</u>
		Shared toilets/sinks-supervision plan
		Toileting needs met
		Required toilets/sinks-1:25
		Toileting Supplies-Hand drying-Garbage
		Handwashing staff/children
		Toilets/sinks located at the facility
		Well lighted/ventilated toilet rooms
		Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
		Staff personal articles inaccessible
		<u>AIR TEMPERATURE</u>
		Air temp < 65°F comfortable
		Air temp > 80 °F - ↑ fluids/ventilation
		Portable space heaters prohibited
		Hot water/Steam pipes protected
		<u>TELEPHONE/NUMBERS</u>
		Working phone on each level
		Emergency numbers posted-adjacent to phones
		Parents provided direct on site phone number
		<u>LIGHTING</u>
		All areas min. 1 foot candle of lighting
		Enough lighting for comfort
		Light fixtures shielded/shatter proof
		Potentially hazardous substances, materials labeled, inaccessible
		Garbage/rubbish-disposed of daily, containers in good repair
		Stairs-protected/good repair-handrails
		Toxic plants/materials inaccessible
		Pets or other animals-in good health, written care plan including access to children
		Radon test- Results: _____ (Schls-N/A)
		Carbon monoxide detector-each level N/A
		Program space-adequate-35 sq. ft. per child
		Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		Developmentally app equipment, materials
		Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
		Indoor climbing play equipment-shock absorbing materials under and around
		No weapons/no facsimile of a firearm
		<u>OUTDOOR SPACE</u>
		Adequate space- 75 sq. ft. per child
		Shock absorbing surfaces-minimum 8"
		Playground free from hazards
		Nuts, bolts, screws-tight, covered/protected
		Outside equipment anchored-anchors buried
		New equip- cert playg. Inspection upon request
		Drinking water available/accessible
		Equipment arranged for safety-equip/fences/structures not hazardous
		<u>OUTDOOR PROTECTED/FENCED</u>
		Playground protected from traffic, water, gullies or other hazards
		Fences installed to protect from water-4 ft, self closing and self latching devices or locks
		Rooftop play areas-6 ft. wall/barrier (N/A)
		<u>WATER HAZARDS</u>
		Pools, swimming areas-conforms to DPH (N/A)
		Wading pools prohibited
		Hot tubs/spas/saunas-locked/inaccessible (N/A)
<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A)	<input checked="" type="checkbox"/> (e)(1)
	<input checked="" type="checkbox"/> (d)(10)(B)	<input checked="" type="checkbox"/> (e)(2)
	<input checked="" type="checkbox"/> (d)(10)(D)	<input checked="" type="checkbox"/> (e)(4)
	<input checked="" type="checkbox"/> (d)(10)(E)	<input checked="" type="checkbox"/> (e)(6)
	<input checked="" type="checkbox"/> (d)(10)(E)	<input checked="" type="checkbox"/> (e)(7)
	<input checked="" type="checkbox"/> (d)(10)(F)	<input checked="" type="checkbox"/> (e)(7)
	<input checked="" type="checkbox"/> (d)(10)(G)	<input checked="" type="checkbox"/> (e)(7)
	<input checked="" type="checkbox"/> (d)(10)(H)	<input checked="" type="checkbox"/> (e)(8)
	(d)(11)	<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> 83.		<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> 84.		(e)(10)
		<input checked="" type="checkbox"/> (e)(11)
<input checked="" type="checkbox"/> 86.		(e)(12)
<input checked="" type="checkbox"/> 90.		(e)(13)
<input checked="" type="checkbox"/> 91.		(e)(14-15)
		<input checked="" type="checkbox"/> 94.
		(e)(17)
		(e)(18)
		(f)(1)(A)
		(g)(1)
		(g)(4)
		(g)(5)
		(g)(6)
		(j)
		(h)(1)
		(h)(2)
		(h)(3)
		(h)(4)
		(h)(5)
		(h)(6)
		(h)(8)
		(h)(9)
		(h)(7)
		(h)(7)(B)
		(h)(7)(C)
		(i)
		(i)
		(i)
<input checked="" type="checkbox"/> 107.		<input checked="" type="checkbox"/> 112.
<input checked="" type="checkbox"/> 108.		<input checked="" type="checkbox"/> 114.
<input checked="" type="checkbox"/> 109.		
<input checked="" type="checkbox"/> 110.		
<input checked="" type="checkbox"/> 111.		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME <i>ECC Osborn Hill BVA</i>	LICENSE NUMBER <i>70622</i>	DATE OF INSPECTION <i>4-1-25</i>
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SCHOOL AGE ENDORSEMENT 19a-79-11 *Schl Age Program*

MONITORING OF DIABETES 19a-79-13 *Y/N*

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	141.	(c)	<u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible schedule- available to staff/parents	<input checked="" type="checkbox"/>	172.	(b)(1)(A)	<u>STAFF TRAINING</u> Staff training – first aid
<input checked="" type="checkbox"/>		(c)(1)	Activities not a duplication of child’s day	<input checked="" type="checkbox"/>		(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/>		(c)(2)	Activities include cognitive, physical, social, emotional needs of the children	<input checked="" type="checkbox"/>		(i)-(iii)	Training updated at least every 3 years
<input checked="" type="checkbox"/>		(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	<input checked="" type="checkbox"/>		(b)(2)	Written documentation of training
<input checked="" type="checkbox"/>	143.	(d)	Ratio- 1:15	<input checked="" type="checkbox"/>	173.	(b)(3)	Trained staff on site when child is present
<input checked="" type="checkbox"/>	144.	(e)	Group size- max. 30	<input checked="" type="checkbox"/>	174.	(c)(2)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/>	175.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/>	176.	(d)(2)	Equipment labeled and inaccessible
				<input checked="" type="checkbox"/>	177.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded

ADMINISTRATION OF MEDICATIONS 19a-79-9a *Y/N*

<input checked="" type="checkbox"/>	177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/>	178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/>	179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

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

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions <i>(N/A)</i>
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DISCUSSIONS/COMMENTS

Signature of OEC staff <i>Cathy Anderson</i>		Signature of person in charge <i>George Taxilioridis</i>
Printed Name <i>Cathy Anderson</i>		Printed Name <i>George Taxilioridis</i>

OEC DIVISION OF LICENSING
450 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

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: <i>4-14-25</i>	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ECC Osborn Hill B/A License # 70622 Date: 4-1-25
School Program

Observations/Corrections needed:

Discussed - All new regulations, provided Policy Checklist. The Program must ensure all regulations are in compliance.
- 1 out of 10 Child files are missing Emergency permission
- 1 out of 6 Staff health record is not complete with exam date

Regulation not in compliance when:

- 37(a)(1)(b)(ii) - 2 out of 10 Child files without authorized release
- 160(b)(2)(A-B) - no documentation (certificates) that any staff are trained in injectables
- 161 - 2 medication forms are missing Parent Section.
- 166 - Epi-pen on site is expired (11-2024)
- 2 - Care plan states Benadryl for a child and there is none on site

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: Cathy Anderson
(OEC Representative)
Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: George Taxiltaridis
(Person in Charge)
Print Name: George Taxiltaridis

OEC BY: 4-14-25