

**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 Holland Hill B/A School | Date of Inspection: | 4-8-25 | Time of Arrival: | 3:25pm |
| Address: | 105 Meadowcroft Rd Program | License Number: | 70170 | Expiration Date: | 5-31-26 |
| Town: | Fairfield | Telephone Number: | 923-3333 | Summer Care: | Closed |
| Operator: | Eastern Community Centers, Inc | # of Staff Present: | 6 | # children Present: | 42 |
| Email: | georget@eastccc.com | Ages Served: | 5-11 1/5 | Total Capacity: | 100 |
| Designated Director: | George Taxil Hardis | Days of Operation: | M-F | Hours of Operation: | 7-8am 245-6 PM |

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

| LICENSURE PROCEDURES 19a-79-2a | | STAFFING and CONSULTANTS 19a-79-4a | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|-----------|------|--------|-----------|-------------------------------------|-------------------------------------|-------------------------------------|--------|-------------------------------------|-------------------------------------|-------------------------------------|------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------|-----|-----|--|
| <input checked="" type="checkbox"/> 1. | (c)(8) | Local Health Inspection-Date: 8-26-24 | | | | | | | | | | | | | | | | | | | | | |
| ADMINISTRATION 19a-79-3a | | PROFESSIONAL DEVELOPMENT | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 2. | (a) | Ensuring health & safety of children | <input checked="" type="checkbox"/> 19. (a)(1) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 3. | (b) | Overall management of program | <input checked="" type="checkbox"/> 20. (a)(3) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 4. | (b)(6) | Employee orientation for new program staff | <input checked="" type="checkbox"/> 21. (b) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 5. | (b)(6) | Annual policy training for program staff | <input checked="" type="checkbox"/> 21a. (b)(2) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 6. | (b)(7)(A) | Child behavior management | <input checked="" type="checkbox"/> 22. (b)(4) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 7. | (b)(7)(B) | Documentation that parents were informed of behavior management techniques | <input checked="" type="checkbox"/> 23. (d) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 8. | (b)(7)(C) | Child Protection | <input checked="" type="checkbox"/> 25. (d)(2) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 9. | (b)(7)(E) | Mandated Reporting | <input checked="" type="checkbox"/> 26. (d)(3)(A-C) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 10. | (c)(1-4) | Notification of Change | <input checked="" type="checkbox"/> 28. (d)(4)(D) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 11. | | POLICIES-COMplete/IMPLEMENTED | <input type="checkbox"/> 29. (d)(5)(A) | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> (d)(2)(A) | Discipline policy | <input checked="" type="checkbox"/> 30. (e)(1) | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> (d)(2)(B)(C) | Child Protection policy | <input checked="" type="checkbox"/> 31. (f)(1) | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> (d)(3) | Closing time policy | <input checked="" type="checkbox"/> 32. (f)(2) | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> (d)(4)(A) | Medical emergency policy | <input checked="" type="checkbox"/> 33. | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> (d)(4)(B) | Multi-Hazards policy-annual drill | <input checked="" type="checkbox"/> (a)(2) | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> (d)(5) | Supervision policy | <input checked="" type="checkbox"/> (h)(1) | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> (d)(6) | General Operating policies | <input checked="" type="checkbox"/> (h)(2) | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> (d)(6)(C) | Administrative Oversight policy | <input checked="" type="checkbox"/> 34. | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> (d)(7) | Personnel policies | <input checked="" type="checkbox"/> (4)(C)(ii-v) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 12. | (d)(1) | Daily attendance-children/staff- keep 1 yr. | <input checked="" type="checkbox"/> (4)(C)(i) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 13. | | ACCESS | <input checked="" type="checkbox"/> (e)(6) | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> (f) | Immediate access by parents | <input checked="" type="checkbox"/> (e)(6) | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> (h) | Immediate access by OEC-facility/records | <input checked="" type="checkbox"/> 35. | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 15. | (m) | Motor vehicle laws-transportation | <input checked="" type="checkbox"/> (i)(1)(A)-(D) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 16. | (n) | Capacity | <input checked="" type="checkbox"/> (i) - | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 17. | (o) | Respond to OEC-no false, misleading statements or documents | <input checked="" type="checkbox"/> (i)(2)(A-H) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 18. | | POSTINGS | <input checked="" type="checkbox"/> (F) | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> 3a(e)(1) | License posted | <input checked="" type="checkbox"/> (i)(2) | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> 3a(e)(2) | OEC Complaint Procedure posted | (H)(i)-(I)(i) | | | | | | | | | | | | | | | | | | | | |
| | <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) | | | | | | | | | | | | | | | | | | | | | |
| | | | SWIMMING ACTIVITIES - Y/N | | | | | | | | | | | | | | | | | | | | |
| | | | Swimming-Ratios | | | | | | | | | | | | | | | | | | | | |
| | | | Non-swimmers identified | | | | | | | | | | | | | | | | | | | | |
| | | | CPR certified staff-age 20 or older | | | | | | | | | | | | | | | | | | | | |
| | | | Lifeguard-certified-supervising | | | | | | | | | | | | | | | | | | | | |
| | | | CONSULTANTS | | | | | | | | | | | | | | | | | | | | |
| | | | Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A) | | | | | | | | | | | | | | | | | | | | |
| | | | Consultant agreements-signed annually-agreements complete w/required services | | | | | | | | | | | | | | | | | | | | |
| | | | Consultant logs-documented activities, observations and required services | | | | | | | | | | | | | | | | | | | | |
| | | | Consultant visits- Education/Health | | | | | | | | | | | | | | | | | | | | |
| | | | <table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Health</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Soc. Serv.</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dietitian</td> <td>N/A</td> <td>N/A</td> <td></td> </tr> </tbody> </table> | | Contracts | Logs | Visits | Education | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Soc. Serv. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Dietitian | N/A | N/A | |
| | Contracts | Logs | Visits | | | | | | | | | | | | | | | | | | | | |
| Education | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| Health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| Soc. Serv. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| Dietitian | N/A | N/A | | | | | | | | | | | | | | | | | | | | | |

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

PROGRAM NAME ECC Holand Hill LICENSE NUMBER 70170 DATE OF INSPECTION 4-8-25

RECORD KEEPING 19a-79-5a

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

PHYSICAL PLANT 19a-79-7a cont.

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| <input checked="" type="checkbox"/> 79. | <input checked="" type="checkbox"/> (d)(8) | SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible |
| | <input checked="" type="checkbox"/> (d)(8) | TOILETING 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 |
| <input checked="" type="checkbox"/> 82. | <input checked="" type="checkbox"/> (d)(10)(A) | |
| | <input checked="" type="checkbox"/> (d)(10)(B) | |
| | <input checked="" type="checkbox"/> (d)(10)(D) | |
| | <input checked="" type="checkbox"/> (d)(10)(E) | |
| | <input checked="" type="checkbox"/> (d)(10)(F) | |
| | <input checked="" type="checkbox"/> (d)(10)(G) | |
| | <input checked="" type="checkbox"/> (d)(10)(H) | |
| <input checked="" type="checkbox"/> 83. | (d)(11) | |
| <input checked="" type="checkbox"/> 84. | | AIR TEMPERATURE Air temp < 65°F comfortable Air temp > 80 °F - ↑ fluids/ventilation Portable space heaters prohibited Hot water/Steam pipes protected |
| <input checked="" type="checkbox"/> 86. | <input checked="" type="checkbox"/> (e)(1) | |
| | <input checked="" type="checkbox"/> (e)(2) | |
| <input checked="" type="checkbox"/> 90. | (e)(4) | |
| <input checked="" type="checkbox"/> 91. | (e)(6) | TELEPHONE/NUMBERS Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number |
| <input checked="" type="checkbox"/> 94. | <input checked="" type="checkbox"/> (e)(7) | |
| | <input checked="" type="checkbox"/> (e)(7) | |
| | <input checked="" type="checkbox"/> (e)(7) | LIGHTING 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 |
| <input checked="" type="checkbox"/> 95. | (e)(10) | |
| <input checked="" type="checkbox"/> 96. | (e)(11) | |
| <input checked="" type="checkbox"/> 97. | (e)(12) | |
| <input checked="" type="checkbox"/> 98. | (e)(13) | |
| <input checked="" type="checkbox"/> 99. | (e)(14-15) | |
| <input checked="" type="checkbox"/> 101. | (e)(17) | |
| <input checked="" type="checkbox"/> 102. | (e)(18) | |
| <input checked="" type="checkbox"/> 103. | (f)(1)(A) | |
| <input checked="" type="checkbox"/> 104. | (g)(1) | |
| <input checked="" type="checkbox"/> 107. | (g)(4) | |
| <input checked="" type="checkbox"/> 108. | (g)(5) | |
| <input checked="" type="checkbox"/> 109. | (g)(6) | |
| <input checked="" type="checkbox"/> 110. | (j) | |
| <input checked="" type="checkbox"/> 111. | | OUTDOOR SPACE 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 |

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) | Separate hand washing facilities |
| <input checked="" type="checkbox"/> 53. | (a)(8) | Multi-use eating/drinking utensils |
| <input checked="" type="checkbox"/> 55. | (a)(10) | Children supervised during meal prep |
| <input checked="" type="checkbox"/> 56. | (a)(11) | Handwashing-staff/children |
| <input checked="" type="checkbox"/> 57. | (b)(1) | 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) | FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips |
| | <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"/> (d) | FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A) |

PHYSICAL PLANT 19a-79-7a

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| <input checked="" type="checkbox"/> 62. | (a)(2) | Fire marshal codes/certificate <u>82024</u> |
| <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. | | WATER SUPPLY - Public/Well (Schools-N/A) |
| | <input checked="" type="checkbox"/> (c)(5)(A) | Lead Water Test - Date: _____ |
| | <input checked="" type="checkbox"/> (c)(5)(B) | Bact./Chem Test-Date: _____ (N/A) |
| | <input checked="" type="checkbox"/> (c)(5)(C) | Drinking water available/accessible |
| <input checked="" type="checkbox"/> 70. | <input checked="" type="checkbox"/> (c)(6)(A) | LEAD PAINT - Building Pre-78: Y/N Lead Test: 0/N Results <u>remediation</u> 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 |

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| <input checked="" type="checkbox"/> 109. | (g)(6) | |
| <input checked="" type="checkbox"/> 110. | (j) | |
| <input checked="" type="checkbox"/> 111. | | |
| | <input checked="" type="checkbox"/> (h)(1) | |
| | <input checked="" type="checkbox"/> (h)(2) | |
| | <input checked="" type="checkbox"/> (h)(3) | |
| | <input checked="" type="checkbox"/> (h)(4) | |
| | <input checked="" type="checkbox"/> (h)(5) | |
| | <input checked="" type="checkbox"/> (h)(6) | |
| | <input checked="" type="checkbox"/> (h)(8) | |
| | <input checked="" type="checkbox"/> (h)(9) | |
| <input checked="" type="checkbox"/> 112. | <input checked="" type="checkbox"/> (h)(7) | |
| | <input checked="" type="checkbox"/> (h)(7)(B) | |
| <input checked="" type="checkbox"/> 114. | <input checked="" type="checkbox"/> (h)(7)(C) | |
| <input checked="" type="checkbox"/> 114. | <input checked="" type="checkbox"/> (i) | |
| | <input checked="" type="checkbox"/> (i) | |
| | <input checked="" type="checkbox"/> (i) | |

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

| | | |
|---|------------------------------------|---|
| PROGRAM NAME <u>ECC Holland Hill</u> | LICENSE NUMBER <u>70170</u> | DATE OF INSPECTION <u>4-8-25</u> |
|---|------------------------------------|---|

| | |
|---|---|
| SCHOOL AGE ENDORSEMENT 19a-79-11 | MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N |
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|--|--|--|
| <input checked="" type="checkbox"/> 140. | (b) | Approved Schl Age Endorsement |
| <input checked="" type="checkbox"/> 141. | <input checked="" type="checkbox"/> (c) | SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule- available to staff/parents |
| | <input checked="" type="checkbox"/> (c)(1) | Activities not a duplication of child's day |
| | <input checked="" type="checkbox"/> (c)(2) | Activities include cognitive, physical, social, emotional needs of the children |
| | <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"/> 143. | (d) | Ratio- 1:15 |
| <input checked="" type="checkbox"/> 144. | (e) | Group size- max. 30 |
| <input checked="" type="checkbox"/> 145. | (f) | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent |
| <input checked="" type="checkbox"/> 146. | (g) | Designated Head teacher approved- 60% |

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> 171. | (a)(1) | Written policies and procedures |
| <input checked="" type="checkbox"/> 172. | <input checked="" type="checkbox"/> (b)(1)(A) | STAFF TRAINING Staff training – first aid |
| | <input checked="" type="checkbox"/> (b)(1)(B) | Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions |
| | <input checked="" type="checkbox"/> (i)-(iii) | Training updated at least every 3 years |
| | <input checked="" type="checkbox"/> (b)(2) | Written documentation of training |
| | <input checked="" type="checkbox"/> (b)(3) | Trained staff on site when child is present |
| <input checked="" type="checkbox"/> 173. | <input checked="" type="checkbox"/> (c)(2) | Self-administration - written authorization and under supervision of trained staff |
| | (c)(3) | Equipment provided by parents |
| <input checked="" type="checkbox"/> 174. | (d)(1) | Equipment labeled and inaccessible |
| <input checked="" type="checkbox"/> 175. | (d)(2) | Signed agreement with parent regarding equipment, supplies, materials to be discarded |
| <input checked="" type="checkbox"/> 176. | (d)(3) | Authorized prescriber written order |
| <input checked="" type="checkbox"/> 177. | (e)(1) | Written authorization from parent |
| <input checked="" type="checkbox"/> 178. | (e)(2) | Testing results and actions taken – documented and kept on file, ensure parents are notified daily |
| <input checked="" type="checkbox"/> 179. | (e)(3) | |

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

| | | |
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| <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. | | NONPRESC. TOPICAL MEDICATION 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) | MEDICATION TRAINING Medication training-general-oral/top/inhalant |
| | <input checked="" type="checkbox"/> (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) | (N/A) |

| | | |
|--|---|--|
| ADDITIONAL VIOLATION | | |
| <input checked="" type="checkbox"/> 180. | - | Consent Order/Negotiated Corrective Action Plan conditions (N/A) |

| |
|-----------------------------|
| DISCUSSIONS/COMMENTS |
| |

| | | | |
|-------------------------------|-----------------------|--------------------------------------|---------------------|
| Signature of OEC staff | <u>Cathy Andersen</u> | Signature of person in charge | |
| Printed Name | <u>Cathy Andersen</u> | <u>George Taxitaridis</u> | Printed Name |

| | |
|--|---|
| 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: oeclicensing@ct.gov | Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: <u>4-24-25</u> CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/ |
|--|---|

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ECC Holland Hill B/A School Program License # 70170 Date: 4-8-25

Observations/Corrections needed:

Regulation not in Compliance when:
#161-2 forms are missing child's address, 4 medication forms have parent section not complete and 1 form is expired

Discussed: new regulations, provided policy checklist. Program must ensure all regulations are in compliance. Staff needs to complete Health and Safety training (2 staff did)
1 out of 10 Child Health Records has Chronic illness section not complete

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 Andersen
(OEC Representative)

Print Name: Cathy Andersen

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4-24-25

Signature: George Tavittaris
(Person in Charge)

Print Name: George Tavittaris