

**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:	ERFC Afterschool @ Henry Barnard	Date of Inspection:	4/21/25	Time of Arrival:	7:10am
Address:	27 Shaker Rd	License Number:	70019	Expiration Date:	9/30/27
Town:	Enfield, CT 06082	Telephone Number:	800 253 9935	Program Open:	Closed
Operator:	ERFC INC	# of Staff Present:	2	Number of Children:	13
Email:	TGosselin@erfc.us	Age Served:	5yrs - 10yrs	Total Capacity:	100
Inspector:	Taylor Gosselin	Days of Operation:	MF	Hours of Operation:	7am - 5:15am / 3p - 6pm

Inspection Code: Regulated in Compliance Regulation not in Compliance N/A - Not applicable to this form

LICENSURE PROCEDURES 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 9/17/24

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-COMplete/IMPLEMENTED</u>
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input 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 type="checkbox"/> 18.	<u>POSTINGS</u>
<input checked="" type="checkbox"/> 7a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input 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.	(a)(2)	<u>PROFESSIONAL DEVELOPMENT</u>
<input checked="" type="checkbox"/> (f)(1)		Documentation
<input checked="" type="checkbox"/> (h)(2)		Health & Safety training
<input checked="" type="checkbox"/> 34.		1% annual hours
<input checked="" type="checkbox"/> (4)(C)(ii-v)		<u>SWIMMING ACTIVITIES - Y/N</u>
<input checked="" type="checkbox"/> (4)(C)(i)		Swimming-Ratios
<input checked="" type="checkbox"/> (e)(6)		Non-swimmers identified
<input checked="" type="checkbox"/> (e)(6)		CPR certified staff-age 20 or older
		Lifeguard-certified-supervising
<input type="checkbox"/> 35.		<u>CONSULTANTS</u>
<input checked="" type="checkbox"/> (i)(1)(A)-(D)		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input type="checkbox"/> (i) -		Consultant agreements-signed annually-
<input type="checkbox"/> (i)(2)(A-H)		agreements complete w/required services
<input type="checkbox"/> (F)		Consultant logs-documented activities, observations and required services
<input type="checkbox"/> (i)(2)		Consultant visits- Education/Health
<input checked="" type="checkbox"/> (H)(i)-(I)(i)		

	Contracts	Logs	Visits
Education	0	0	0
Health	0	0	0
Soc. Serv.	0	1	0
Dietitian	1	1	0

ERFC @ Henry Barnard

70019

4/21/25

RECORD KEEPING 19a-79-7a

PHYSICAL PLANT 19a-79-7a

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

HEALTH AND SAFETY 19a-79-6a

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

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 8/24/24
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools N/A)
- (c)(5)(B) Lead Water Test - Date: _____
- (c)(5)(C) Bact./Chem Test-Date: _____ (N/A)
- Drinking water available/accessible
- 70. (c)(6)(A) LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____
- (c)(6)(B-D) Peeling Paint - Y/N Inside/Outside
- 71. (d)(2) Emergency vehicle access
- 72. (d)(3) Walkways maintained
- 73. (d)(5) Windows protected to prevent falls
- 76. (d)(6), (f)(3) Overhead doors-locks/spring protectors (N/A)
- Exits, stairs, hallways unobstructed

- 79. (d)(8)
- 82. (d)(10)(A)
- (d)(10)(B)
- (d)(10)(D)
- (d)(10)(E)
- (d)(10)(E)
- (d)(10)(F)
- (d)(10)(G)
- (d)(10)(H)
- (d)(11)
- 83. (e)(1)
- 84. (e)(2)
- (e)(4)
- (e)(6)
- (e)(7)
- (e)(7)
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- (e)(11)
- (e)(12)
- (e)(13)
- (e)(14-15)
- (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)

- 101. (e)(17)
- 102. (e)(18)
- 103. (f)(1)(A)
- 104. (g)(1)
- 107. (g)(4)
- 108. (g)(5)
- 109. (g)(6)
- 110. (j)
- 111. (j)
- 112. (h)(7)
- 114. (h)(7)(B)
- (h)(7)(C)
- (i)
- (i)
- (i)

- SMOKING**
- Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
- Matches/lighters inaccessible
- 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
- AIR TEMPERATURE**
- Air temp < 65°F comfortable
- Air temp > 80 °F - ↑ fluids/ventilation
- Portable space heaters prohibited
- Hot water/Steam pipes protected
- TELEPHONE/NUMBERS**
- Working phone on each level
- Emergency numbers posted-adjacent to phones
- Parents provided direct on site phone number
- 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
- 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
- OUTDOOR PROTECTED/FENCED**
- 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)
- WATER HAZARDS**
- Pools, swimming areas-conforms to DPH (N/A)
- Wading pools prohibited
- Hot tubs/spas/saunas-locked/inaccessible (N/A)

PROGRAM NAME: E R F C @ Henry Barnard LICENSING NUMBER: 70019 DATE OF INSPECTION: 4/21/25

SCHOOL AGE ENDORSEMENT 19a-79-11

MONITORING OF DIABETES 19a-79-13 (A)

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

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

ADMINISTRATION OF MEDICATIONS 19a-79-9a (A)

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

ADDITIONAL VIOLATION

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

DISCUSSIONS/COMMENTS

- 1 staff PO, documented
 - New director training within 1 year of hire
 - update policies/education requirements per new regulations on OEC website
 Checklist/sample policies reviewed
 - ice packs in first aid kit

Signature of OEC staff: Pha Kellerman
 Name: Kellerman

Signature: Madison Veilleux
 Name: Madison Veilleux

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: 5/5/25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ERFC @ Henry Barnard License # 70019 Date: 4/21/25

Observations/Corrections needed:

Regulations Not in compliance when observed.


#18- Administrative oversight not posted.

#19- 1 staff health record not current

#35- No education consultant agreement observed, social service and health consultant agreements not observed current with new regulations. Health visits not observed for current school year.

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: 


(OEC Representative)

Print Name: Mark Kullen

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: ~~CKE~~ 5/5/25

CKE

Signature: 

(Person in Charge)

Print Name: Madison Veilleux