

**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 After school @ JFK	Date of Inspection:	4/29/25	Time of Arrival:	2:45 PM
Address:	155 Raffia Rd	License Number:	70017	Expiration Date:	9/30/27
Town:	Enfield, CT 06082	Telephone Number:	8602539935	Summer Care:	closed
Operator:	Educational Resources for children	# of Staff Present:	4	Enrollment:	16
Email:	Jchase@ERFC.us	Age Served:	10yrs-13yrs	Total Capacity:	190
Designated Director:	Taylor Gosselin / Jordan Chase	Days of Operation:	M-F	Hours of Operation:	2:30 PM - 6:00 PM

Inspection Codes: I - Inspection in Compliance O - Inspection not in Compliance NA - Not applicable at this time

**LICENSURE PROCEDURES 19a-79-2a**

1. (c)(8) Local Health Inspection-Date: 6/10/24

**ADMINISTRATION 19a-79-3a**

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

**STAFFING and CONSULTANTS 19a-79-4a**

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance -with bknd cks/history
- 23. (d) Adequate staffing
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 28. (d)(4)(D) Supervision-Indoors/Outdoors
- 29.  (d)(5)(A) Group Size-school age field trips/outdoors
- 30. (e)(1) Designated director-training
- 31. (f)(1) CPR certified program staff
- 32. (f)(2) First aid certified program staff

- PROFESSIONAL DEVELOPMENT**
- 33. (a)(2) Documentation
  - (h)(1) Health & Safety training
  - (h)(2) 1% annual hours

- SWIMMING ACTIVITIES - Y/N**
- 34. (4)(C)(ii-v) Swimming-Ratios
  - (4)(C)(i) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising

- CONSULTANTS**
- 35. (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
  - (i) - Consultant agreements-signed annually-agreements complete w/required services
  - (i)(2)(A-H) Consultant logs-documented activities, observations and required services
  - (i)(2) (H)(i)-(I)(i) Consultant visits- Education/Health

	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ERFC After school @ JFK

70017

4/29/2

**RECORD KEEPING 19-25**

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	<b>PARENT PERMISSIONS</b> Emergency medical permission Authorized release permission Field trip permission 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 19-25**

<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(8)	<b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters 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)	<b>TOILETING</b> 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"/> 83.	(d)(11)	<b>AIR TEMPERATURE</b> Air temp < 65°F comfortable Air temp > 80°F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2)	Portable space heaters prohibited Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 86.	(e)(4)	<b>TELEPHONE/NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number
<input checked="" type="checkbox"/> 90.	(e)(6)	<b>LIGHTING</b> All areas min. 1 foot candle of lighting Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)	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, no toxic-sturdy, free from protruding nails, rust Developmentally app equipment, material: equipment and toys-CPSC unsafe/recall: Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9)	<b>OUTDOOR SPACE</b> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protect Outside equipment anchored-anchors bur New equip- cert play. Inspection upon requ Drinking water available/accessible Equipment arranged for safety- equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 95.	(e)(10)	<b>OUTDOOR PROTECTED/FENCED</b> Playground protected from traffic, water gullies or other hazards Fences installed to protect from water-4 self closing and self latching devices or locl Rooftop play areas-6 ft. wall/barrier
<input checked="" type="checkbox"/> 96.	(e)(11)	<b>WATER HAZARDS</b> Pools, swimming areas-conforms to DPH Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible
<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.	<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"/> (h)(7)(C)	
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	

**HEALTH and SAFETY 19-70-6a**

<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) <input type="checkbox"/> (c) <input type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, cold packs, thermometer, gloves, CPR mouth barrier <b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

**PHYSICAL PLANT 19-79-7a**

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 9/18/24
<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) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	<b>WATER SUPPLY</b> - Public/Well (Schools N/A) Lead Water Test - Date: _____ (N/A) Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results _____ 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 (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors Exits, stairs, hallways unobstructed

**PHYSICAL PLANT 19-79-7a**

<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"/> (h)(7)(C)	
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	

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

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	<b>STAFF TRAINING</b> Staff training - first aid Staff training - use/storage/maintenance 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
<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) (c)(3)	
<input checked="" type="checkbox"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 179.	(e)(3)	

**ADMINISTRATION OF MEDICATION**

<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.	<input checked="" type="checkbox"/> (a)(2) <input checked="" type="checkbox"/> (a)(3)(A-B) <input checked="" type="checkbox"/> (a)(3)(C)	<b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 160.	<input checked="" type="checkbox"/> (b)(1)(A/C) <input checked="" type="checkbox"/> (b)(1)(D) <input checked="" type="checkbox"/> (b)(1)(E) <input checked="" type="checkbox"/> (b)(1)(F) <input checked="" type="checkbox"/> (b)(2)(A-B) <input checked="" type="checkbox"/> (b)(2)(C)	<b>MEDICATION TRAINING</b> 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
<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
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**DISCUSSIONS/COMMENTS**

- update policies/procedures per per  
 New regulations on OEC check  
 - Director's course w/in 1420  
 hire

Signature: Sha Melton Jordan Chase  
 Printed Name: Kcellerman Jordan Chase

DEC 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: oec.licensing@ct.gov

Written Corrective Action Plan  
 Due by: 5/13/25

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ERFC After school @ JFK License # 70017 Date: 4/29/21

Observations/Corrections needed:

Regulations NOT in compliance when observed:

40- 2 care plans not observed for children with Asthma and Allergy.

#59- 2 ice packs not observed in first aid supply

#161 - 1 Authorization for Medication Asthma exp

4/23/25

#166- Benadryl exp for 1 child Feb 2025

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: Ma Shellen

(OEC Representative)

Print Name: Ekellerman

Signature: Jordan Chase

(Person in Charge)

Print Name: Jordan Chase

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/13/25