

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: sterling House @ Erin's Gym Date: 10/2/25 Time: 2:45pm

Location Address: 2283 Main St Stratford 06615 Telephone #: 203-378-2600

e-mail address: rriviere@sterlingcc.org License #: 70651 Expiration Date: 6/30/25

Capacity: 50 # of Children Present: 0 # of Staff Present: 2

**Consent to Inspect
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.

Provider/Applicant/Substitute's Signature NA

Purpose of visit: Follow up to inspection dated 5/13/25

Observations/Corrections needed:

- ⊕ #21 (b) Comprehensive background checks not in compliance at this visit when 1 out of 6 staff that has consistently worked with children since start of school with a needs background check status
- ✓ #31 (f)(1) CPR Certified staff in compliance at this visit
- ✓ #32 (f)(2) First Aid certified staff + ~~CPR certified staff~~ ^(FM) in compliance at this visit
- ⊕ #33 (h)(1) Health and Safety training not in compliance at this visit when 2 out of 6 staff working with children (staff employed over 3 months) without documentation of training

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: 10/16/25

Signature: [Signature]
(OEC Representative)
Print Name: Chaelyn Lombardo

Signature: [Signature]
(Person in Charge)
Print Name: Ramona Kinere

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sterling House 2 Erin's Gym License # 70651 Date: 10/2/25

Observations/Corrections needed:

- ✓ #35 - Consultant agreements (i)-(i)(2)(A-H)
 - signed annually in compliance at this visit
 - required services in compliance at this visit
 - (i)(2)(H)(i)-(I)(i) consultant visits in compliance at this visit
 - (F) Consultant logs in compliance at this visit
- ⊕ #40 - (a)(2)(E) Individual Care Plans not in compliance at this visit when 1 care plan not observed and 4 care plans not signed by parent + staff responsible for children's care
- ⊕ #49 - menus (a)(4) 1wk in advance not in compliance at this visit when menu posted was thru 10/3/25.
- ✓ #62 - Fire Marshal (a)(2) in compliance at this visit. (date 10/2/25)

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Signature:

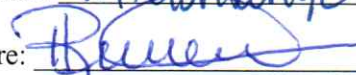

 (OEC Representative)

Print Name:

Fil Montanye / Madelyn Lombardo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:


 (Person in Charge)

OEC BY: 10/16/25

Print Name:

Ramona Rineer.

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sterling House @ Erin's Gym License # 70651 Date: 10/2/25

Observations/Corrections needed:

✓ #69 (c)(5)(A) Lead Water Test in compliance at this visit

⊕ #160 (b)(1)(A)(C) Medication training (OTI) not in compliance at this visit when 6 out 6 staff did not have documentation on site for oral topical inhalant training
 ✓ (b)(1)(D) Injectable premeasured auto injector in compliance at this visit

⊕ #161 (b)(3)(A-B) Authorized prescriber/parent permission not in compliance at this visit when 7 order was observed expired (order date 2/20/24), 1 order calls for diphenhydramine and levocetirizine on site (does not match), 3 orders without parent authorization (not signed by parents)

Discussions

*no children present at this visit (no school)

*care plans specific to school age program.

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Signature: Print Name: Fil Montanye

(OEC Representative)

Chaelyn Lombardo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 

(Person in Charge)

OEC BY: 10/16/25Print Name: Ramona Riviere