

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sterling House @ Erin's Gym   Date: 11/13/25   Time: 4:15pm

Location Address: 2283 Mainst, Stratford   Telephone #: 203-378-2606

e-mail address: rviviere@sterlingcc.org   License #: 70657   Expiration Date: 6/30/26

Capacity: 50   # of Children Present: 26   # of Staff Present: 4

**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 Follow up dated 10/2/25

Observations/Corrections needed:

✓ #21 (b) Comprehensive background checks in compliance at this visit

✓ #33 (h)(1) health + safety training in compliance at this visit

⊕ #40 (a)(2)(E) Individual Care Plans ~~not~~ not in compliance at this visit when 2 care plans were not signed by parents.

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: 11/27/25

Signature: [Signature]  
(OEC Representative)

Print Name: Fi Montanye

Signature: [Signature]  
(Person in Charge)

Print Name: Aislin Hynes

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sterling House @ Erin's Gym License # 70657 Date: 11/13/25

Observations/Corrections needed:

✓ #49 - menus in compliance at this visit

✓ #160 medication training in compliance at this visit

⊕ #161 (b)(3)(A-B) Authorized prescribers/parent permission not in compliance at this visit when 1 medication overcalls for .15 (JR) Epi and on site has .3mgs.

Discussion

- Menus need to be maintained for 3 months
- all records to be maintained on site always
- Volunteers on site @ Erin's Gym must be signed in on site
- Supervision during transitions/bathrooms

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Signature: [Signature]  
(OEC Representative)  
Print Name: Fi Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO  
OEC BY: 11/27/25.

Signature: [Signature]  
(Person in Charge)  
Print Name: Aislin Hynes

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sterling House & Erin's License # 70657 Date: 11/13/25

Gum

Observations/Corrections needed:

Additional Violations:

#2 (a) Ensuring health and safety of children when upon arrival medications were not located on site program had them at main location. 5 children with medications were on site at the time. Program administration was able to bring them down after specialist arrived. (after 4:30pm)

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Signature: [Signature] (OEC Representative)

Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11/27/25

Signature: [Signature] (Person in Charge)

Print Name: Aislin Hynes