

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Strawco Activities Program</u>	License Number: <u>70346</u>	Date of Inspection: <u>10/20/21</u>	Time of Arrival: <u>7:20 am</u>
Address: <u>200 Strawberry Hill Ave</u>	Expiration Date: <u>1-31-25</u>	Licensed Capacity: <u>113</u>	
Town: <u>Stamford</u>	Telephone: <u>203 609 9028</u>	# of children present: <u>0</u>	# of staff present: <u>3 @ 7:20 am</u> <u>7 @ 7:36 am</u>
Operator: <u>Roscco Stamford School Comm Org Inc</u>	Director: <u>Audette Bisailon</u>	Head Teacher: <u>Nadine Little</u>	
Email: <u>abis@roscco.org</u>	Summer Care: <u>closed</u>		
Hours of Operation: <u>M-F 7:30-9 and 3:30-5:30pm</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>5-12 yrs</u>			

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: 9.3.20

Administration 19a-79-3a

- 2. New Staff-Employee Orientation
- 3. Annual Staff Policy Training
- 4. Documentation of Behavior M. Tech Discussed w/Parents
- 5. Notification of Change
- 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- 7. Daily Attendance Records: Children/Staff

Items Posted: Conspicuous/Accessible

- 8. License
- 9. Current Fire Marshal Certificate Date: 8.3.21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: _____
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs

N/A 15. Radon Test (Y/N) Date: _____ Results: _____

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 19. Designated Head Teacher/60%
- 20. Two Staff Present
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

Consultants

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<u>0</u>	<u>0</u>
Health	<u>✓</u>	<u>✓</u>
Social Service	<u>✓</u>	<u>✓</u>
Dental	<u>0</u>	<u>0</u>
Dietitian	<u>✓</u>	<u>✓</u>

27. Logs/Visits Documented

Swimming: (Y/N)

- 28. Non-Swimmers Identified
- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

- 45. License Premise: Clean/Good Repair/Hazard Free
- 48. Sanitary Drinking Fountains/Disposable Cups
Water Supply: Public Well
- N/A 49. Lead Water Test (Y/N) Date: _____
Bacterial/Chemical Test (Y/N) Date: _____
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 53. Windows Protected to Prevent Falls
- 55. Overhead Doors Locking Devices/ Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temperature Comfortable
- 68. Portable Space Heaters
- 69. Building/Equipment: Sanitary/Hazard Free
- 71. Hot Water/Steam Pipes Protected
- 72. Working Phone on Each Level

Signature of OEC Representative: [Signature]

Written Corrective Action Plan

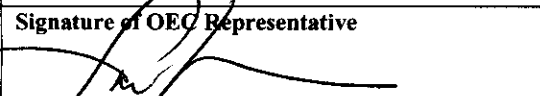
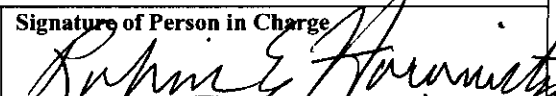
Due to OEC by: 11-3-21

Signature of Person in Charge: [Signature]

Print name: Lon Mangano

Print name: Robin E Howard

SCHOOL AGE ONLY INSPECTION FORM

Program Name: Strawco Activities Program	License Number: 70346	Date of Inspection: 10.20.21
Physical Plant continued: <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise Outdoor Space <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free of Hazards <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Playground Protected <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible Educational Requirements 19a-79-8a <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up Administration of Medications 19a-79-9a <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file Nonprescription Topical Medications <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage Oral/Topical/Inhalant/Injectable Medications <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed Self-Administration <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization Emergency Distribution of Potassium Iodide <input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage	School Age Children Endorsement 19a-79-11 <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate Monitoring of Diabetes 19a-79-13 <i>no one currently enrolled</i> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications	
Signature of OEC Representative 	Written Corrective Action Plan Due to OEC by: 11.3.21	Signature of Person in Charge 
Print Name: Lon Mangano		Print Name: Robin E Horowitz

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Strawco Activities Program License # 70346 Date: 10.20.21

Observations/Corrections needed:

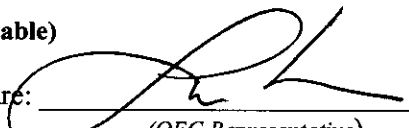
- (4) 2 out of 8 child files without documentation of behavior management techniques discussed with parent.
- (16) 3 staff without current physicals + TB test and 2 staff with expired physicals and 1 staff with TB test date not indicated on form.
- (17) 5 staff without current professional development on file and 6 staff without documentation of annual renew training of policies, plans and procedures.
- (26) Education and Dental Contracts are not on file for review
- (27) No documentation of annual reviews completed by education and dental consultants.
- (19a-79-3a) Provider failed to comply with the vaccine requirements in accordance with Governor's Executive Order when 1 staff does not have weekly negative tests on file for each week.

Discussion

- BCIS and background check requirements discussed
- All staff paperwork is required to be on site at all times.
- Health and Safety Orientation training document requires dates of completion

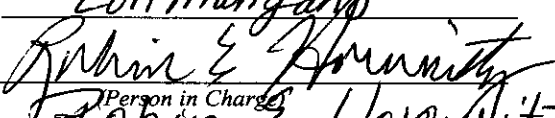
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 
(OEC Representative)
Print Name: Edn Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11.3.21

Signature: 
Person in Charge
Print Name: Robin E. Horowitz