

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Quanco Activities Program</u>	License Number: <u>166644</u>	Date of Inspection: <u>12.9.21</u>	Time of Arrival: <u>7:30</u>
Address: <u>123 Ridgewood Avenue</u>	Expiration Date: <u>6-30-25</u>	Licensed Capacity: <u>80</u>	
Town: <u>Stamford</u>	Telephone: <u>203 609-9027</u>	# of children present: <u>3</u>	# of staff present: <u>741 Annual</u>
Operator: <u>Rosocco Stamford School Comm Org Inc</u>	Director: <u>Audette Bisailon</u>		
Email: <u>abis@rosocco.org</u>	Head Teacher: <u>Sandra Montalvo / Tonlann Grasso</u>		
Hours of Operation: <u>m-F 7:30-9am and 3:30-5:30pm</u>	Summer Care: <u>closed</u>		
Ages Served: <u>5-12 years</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: 8/12/20

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: 6.23.21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: _____
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 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

Consentants

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	✓	✓
Health	0	0
Social Service	0	0
Dental	0	0
Dietitian	✓	✓

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
- 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: 12.23.21

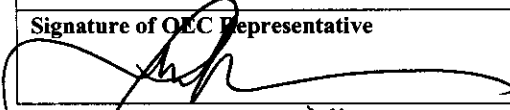
Signature of Person in Charge: [Signature]

Print name: Lor Mangano

Print name: Santee H. Rouzier

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <u>Quamco Activities Program</u></p>	<p>License Number: <u>16664</u></p>	<p>Date of Inspection: <u>12-9-21</u></p>
<p><u>Physical Plant continued:</u></p> <ul style="list-style-type: none"> <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 <p><u>Outdoor Space</u></p> <ul style="list-style-type: none"> <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 <p><u>Educational Requirements 19a-79-8a</u></p> <ul style="list-style-type: none"> <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 <p><u>Administration of Medications 19a-79-9a</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input type="checkbox"/> 98. Training Outline on file <p><u>Nonprescription Topical Medications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 101. Med Trained Staff/Certificates <input 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 <p><u>Self-Administration</u></p> <ul style="list-style-type: none"> <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 <p><u>Emergency Distribution of Potassium Iodide</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage 	<p><u>School Age Children Endorsement 19a-79-11</u></p> <ul style="list-style-type: none"> <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 <p><u>Monitoring of Diabetes 19a-79-13</u> <i>none currently enrolled</i></p> <ul style="list-style-type: none"> <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 	

<p>Signature of OEC Representative </p> <p>Print Name: <u>Lon Mangano</u></p>	<p>Written Corrective Action Plan Due to OEC by: <u>12.23.21</u></p>	<p>Signature of Person in Charge <u>Santee H. Rouzier</u></p> <p>Print Name: <u>Santee H. Rouzier</u></p>
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SUPPLEMENTAL REPORT OF INSPECTION

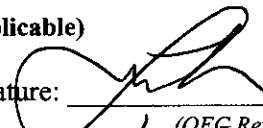
Name of Program/Provider: Quamco Activities Program License # 16664 Date: 12.9.21

Observations/Corrections needed:

- ⑤ Notification of change form not submitted to OEC and one head teacher is no longer at this location
- ⑫ December menu not posted
- ⑩ 2 staff without health record and TB test on file.
- ⑰ 2 staff without professional development and new staff or annual review training on site
- ⑱ Head teacher not scheduled to work 60% of operating hours. Staff stated she works afternoons only.
- ⑳ First staff member arrived at 741am and entered with 3 children. Second staff member arrived at 752am.
- ㉔ Both staff present today do not have documentation of CPR training on file.
- ㉕ Both staff present today do not have documentation of First Aid training on file.
- ㉖ Health, Dental and Social Service contracts expired
- ㉗ Health, Dental and Social Service annual reviews expired
- ㉘ 1 individual care plan for asthma does not have staff signatures and no individual care plans for a child that wheezes and for a child with almond allergy
- ㉙ Training outline could not be located
- ㉚ 2 children in morning program require medications and neither staff present have certification on file. One states

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: 
Print Name: Lori Mangano
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 12-23-21

Signature: Santee H. Rouzier
Print Name: Santee H. Rouzier
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Quamco Activities Program License # 16664 Date: 12.9.21

Observations/Corrections needed:

not certified and other things expired.

(102) 1 child with proair authorization on a "schoolonly" form and expired

(19a-79.3a) Provider failed to comply with the vaccine requirements in accordance with Governor's Executive Order when 1 staff member did not have covid vaccine card with declaration page or negative weekly Covid tests on file.

(19a-79.3a(b)(8)(A)) Staff member failed to manage child behaviours using techniques based on developmentally appropriate practices when he yelled at a child that was crying and said "Sit down and stop crying. Im not mommy. Cry, Cry, Cry. Remember this day"

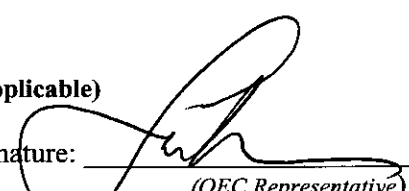
(19a-79.3a(a)) Provider did not ensure the health and safety of children when one child has an almond allergy and requires an epi-pen and medication, authorization forms and individual care plan is not on site. Morning staff present are not medication certified

DISCUSSION

- 1 child without TB risk assessment indicated

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

Signature:  (OEC Representative)

Print Name: Lori Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Bontee H. Rouzier (Person in Charge)

OEC BY: 12.23.21

Print Name: Bontee H. Rouzier