

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Roscco Activities Program</u>	License Number: <u>16781</u>	Date of Inspection: <u>3.3.22</u> Time of Arrival: <u>7:30</u>
Address: <u>202 Blachley Rd</u>	Expiration Date: <u>8.31.22</u>	Licensed Capacity: <u>244</u>
Town: <u>Stamford</u>	Telephone: <u>2036099027</u>	# of children present: <u>5</u> # of staff present: <u>1</u>
Operator: <u>Roscco Stamford School Comm Org Inc</u>	Director: <u>Audette Bisailon</u>	
Email: <u>abisc@roscco.org</u>	Head Teacher: <u>Steven Susnowitz / Toniann Grasso</u>	
Hours of Operation: <u>M-F 7:30-8:45 and 3:30-5:30 Summer 7:30-5:30pm</u>	Summer Care: <u>open</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: 9.1.20

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: 7.28.21
- 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

Consultants

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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


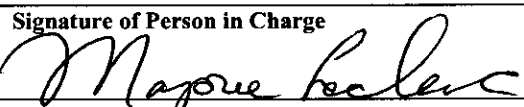
Due to OEC by: 3.17.22

Signature of Person in Charge: [Signature]

Print name: Lon Mangano

Print name: Marjorie Lecterc

SCHOOL AGE ONLY INSPECTION FORM

Program Name: <u>Russco Activities Program</u>	License Number: <u>16781</u>	Date of Inspection: <u>3.3.22</u>
<p>Physical Plant continued:</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"/> <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/> <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"/> <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <p>Outdoor Space</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>Educational Requirements 19a-79-8a</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>Administration of Medications 19a-79-9a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</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 type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p>Self-Administration</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>Emergency Distribution of Potassium Iodide</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage 	<p>School Age Children Endorsement 19a-79-11</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input 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>Monitoring of Diabetes 19a-79-13 <u>no one currently enrolled</u></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 	
Signature of OEC Representative 	Written Corrective Action Plan Due to OEC by: <u>3.17.22</u>	Signature of Person in Charge 

Print Name: Lori Mangano

Print Name: Marjorie Leclerc

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rosco Activities Program License # 16781 Date: 3.3.22

Observations/Corrections needed:

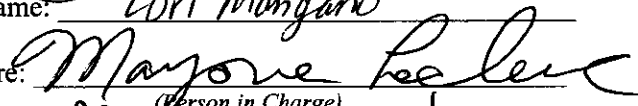
- (4) 2 out of 8 children without documentation of behavior management techniques discussed with parents on file.
- (5) NO notification of change provided to OEC for removal and addition of head teachers.
- (7) There are no AM staff attendance records to review and staff present do not have access to all staff attendance records.
- (12) March snack menu not posted
- (16) 1 staff without physical and TB test on file.
- (17) 6 out of 7 staff without professional development logged and 7 out of 7 without documentation of annual review training of policies, plans and procedures.
- (19) No designated head teacher identified and cannot verify 60% of operating hours present.
- (20) 1 staff present with 5 children at 7:30am. Second staff arrived at 7:34am
- (24) 2 morning staff present without CPR certification
- (25) 2 staff present without first aid training
- (26) Education and Dental contracts expired
- (27) No current documentation of all annual reviews completed by Education and Dental consultants.
- (38) 1 am staff did not sign all individual care plans for all AM children and 1 afternoon child's individual care plan not signed by all staff responsible for child's care.
- (101) Children require medications in the morning and 2 staff present for first hour did not have certification
- (102) 1 child with Benadryl and Epinephrine 0.3 with expired authorization forms 8.19.21
- (103) 1 Benadryl not labeled
- (145) Due to only 2 staff present after 7:34am and 1 at the school entrance door, ratios were not met throughout AM until 8:30am when 3rd staff arrived. 1 to 3 ratio

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: Lon Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 
 (Person in Charge)
 Print Name: Marjorie Leclerc

OEC BY: 3.17.22

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Roscoe Activities Program License # 16781 Date: 3.3.22

Observations/Corrections needed:

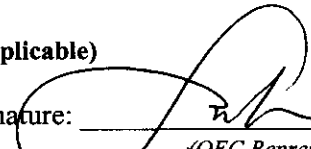
19a-79-4a(c)(4)(D) staff not supervising child at entrance door when child opened door for children to enter. Entrance down another hallway. Children not supervised when going to the bathroom due to ~~staff~~ ^(lm) program being short-staffed. (7:30am - 7:34am)

Discussion

- Staff in AM and PM program need to know where all licensing paperwork is.
- CTK provider emergency plans do not meet federal requirements. Provider will develop/revise its emergency plans to meet requirements.
- Recommended technical assistance

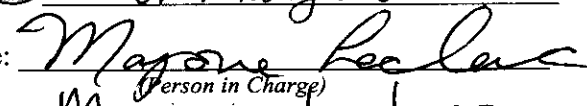
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Signature: 
(OEC Representative)
Print Name: Lon Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 317.22

Signature: 
(Person in Charge)
Print Name: Marjorie Leclerc