

SCHOOL AGE ONLY INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Murco Activities Program</u>	License Number: <u>70208</u>	Date of Inspection: <u>5.3.22</u>	Time of Arrival: <u>7:32</u>
Address: <u>19 Horton St</u>	Expiration Date: <u>10.31.22</u>	Licensed Capacity: <u>120</u>	
Town: <u>Stamford</u>	Telephone: <u>203.609.9027</u>	# of children present: <u>2</u>	# of staff present: <u>1 @ 7:32</u>
Operator: <u>Roscco Stamford School Comm Org Inc</u>	Director: <u>Audette Bisailon</u>	Head Teacher: <u>Mana Papadakos / Pomann Grasso (m)</u>	
Email: <u>abise@roscco.org</u>	Summer Care: <u>closed</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time	
Hours of Operation: <u>M-F 730-845 am and 330-530</u>	Ages Served: <u>5-12 years</u>		

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: 4.5.21

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	/	/
Health	/	/
Social Service	/	/
Dental	/	/
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

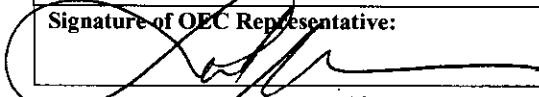
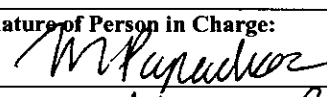
66. Air Temperature Comfortable

68. Portable Space Heaters


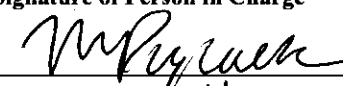
69. Building/Equipment: Sanitary/Hazard Free

71. Hot Water/Steam Pipes Protected

72. Working Phone on Each Level

Signature of OEC Representative: 	Written Corrective Action Plan Due to OEC by: <u>5.17.22</u>	Signature of Person in Charge: 
Print name: <u>Lon Mangano</u>		Print name: <u>Maria Papadakos</u>

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Program Name: <i>Murco Activities Program</i>	License Number: <i>70208</i>	Date of Inspection: <i>5.3.22</i>
<u>Physical Plant continued:</u> <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 <u>Outdoor Space</u> <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 <u>Educational Requirements 19a-79-8a</u> <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 <u>Administration of Medications 19a-79-9a</u> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <u>Nonprescription Topical Medications</u> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> <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 <u>Self-Administration</u> <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 <u>Emergency Distribution of Potassium Iodide</u> <input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage	<u>School Age Children Endorsement 19a-79-11</u> <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 <u>Monitoring of Diabetes 19a-79-13</u> <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: <i>5.17.22</i>	Signature of Person in Charge 

Print Name: Lon Mangano

Print Name: Maria Papadacos

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Murco Activities Program License # 70208 Date: 5.3.22

Observations/Corrections needed:


- ⑦ Not all staff are signing in and out on paper and they do not have access to their electronic sign in/out times. 1 staff without sign out time on 3/3/22
- ⑨ Fire marshal certificate expired (send copy)
- ⑩ 1 substitute without current physical on file and staff stated she substituted this year.
- ⑪ 2 staff without annual review training of policies, plans and procedures on file. (1 substitute and 1 regular staff member) ^{And no current professional development on file for both.}
- ⑫ 2 children with 1 staff at 7:32am. Second staff arrived at 7:36am.
- ⑬ No authorization form on file for 1 child with proair.
- ⑭ Both staff present do not have current injectable certification on file and 1 child requires an epi-pen.

Discussion

- CTK provider emergency plans does not meet federal requirements. Provider will revise plans to meet compliance.

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: Len Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 

(Person in Charge)

Print Name: Maria Papadakos

OEC BY: 5.17.22