

SCHOOL AGE ONLY INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Handover Before/After School Program</u>	License Number: <u>15091</u>	Date of Inspection: <u>5/13/22</u> Time of Arrival: <u>3:15pm</u>
Address: <u>208 main st</u>	Expiration Date: <u>5/31/26</u>	Licensed Capacity: <u>40</u>
Town: <u>Meriden 06451</u>	Telephone: <u>475-715-4902</u>	# of children present: <u>13</u> # of staff present: <u>3</u>
Operator: <u>Women and Families Center</u>	Director: <u>Dean Tremaglio</u>	
Email: <u>jballester@womenfamilies.org</u>	Head Teacher: <u>Juan Ballester</u>	
Hours of Operation: <u>6:45am-8:45am 8:20pm-5:30pm</u>	Summer Care: <u>Closed</u>	
Ages Served: <u>5yrs-11yrs</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: 3/1/22
- 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/3rd
- Items Posted: Conspicuous/Accessible
- 8. License
- 9. Current Fire Marshal Certificate Date: 8/27/21
- 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" 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:

fil montanye

Written Corrective Action Plan

Due to OEC by: 5/27/22

Signature of Person in Charge:

J. Ball Jr.

Print name:

fil montanye

Print name:

Juan Ballester Jr.

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hanover Before/After School License # 15091 Date: 5/13/22

Observations/Corrections needed: Program

- #2 new staff employee orientation not observed for 1 staff with file not on site
- #4 documentation of behavior management tech discussed with parents not observed for 8 out of 8 children's file
- #12 observed menu not posted 1 week in advance
- ~~#2 TFM~~
- #16 staff health record and TB test not observed for 1 staff with file not on site
- #17 professional development not observed for 1 staff with file not on site
- #27 current review of policies and education program plan not observed for health consultant
- #38 1 individual care plan not observed for ~~1~~ child with asthma medication on site
- 2 individual care plans not able to be carried out both missing devices to administer (spacer + medicat.)
- #44 observed first Aid kit to be incomplete (on cup) missing current manual

Discussion: BCIS, child's emergency preparedness,
 - postings in a conspicuous area for all families + staff
 - medication certificates current for AM + AM staff ~~at least 1~~ (for at least 1 staff)

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: [Signature]
(OEC Representative)

Print Name: [Name]

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 5/27/22

Print Name: Juan Ballester Jr

