

Post for 30
Operating
Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302, Hartford, CT 06103
Phone 800-282-6063 Fax 860-326-0552
SCHOOL AGE ONLY INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Casimir Pelaski Before/After Sch. Program</u>	License Number: <u>12585</u>	Date of Inspection: <u>5/20/22</u> Time of Arrival: <u>3:35pm</u>
Address: <u>100 Clearview Ave</u>	Expiration Date: <u>3/31/25</u>	Licensed Capacity: <u>112</u>
Town: <u>Meriden 06450</u>	Telephone: <u>475-775-4902</u>	# of children present: <u>28</u> # of staff present: <u>4</u>
Operator: <u>Women + Families Center</u>	Director: <u>Dean Tremaglio</u>	
Email: <u>dtremaglio@womenfamilies.org</u>	Head Teacher: <u>A Keen Bryan</u>	
Hours of Operation: <u>6:45am</u>	Summer Care: <u>Closed</u>	
Ages Served: <u>5yrs - 9yrs.</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: 10/27/20

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: 8/27/2
- 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: NA
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:

6/3/22

Signature of Person in Charge:

Staff not able to

Print name:

Fil Montanye

Print name:

Stay for review. emailed to director (FIM)

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SCHOOL AGE ONLY INSPECTION FORM

Program Name: <i>Casmir Pulaski Before/After Sch Program</i>	License Number: <i>12585</i>	Date of Inspection: <i>5/20/22</i>
<p><u>Physical Plant continued:</u></p> <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 74. Adequate Lighting <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> <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"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <i>NA</i> <input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N) <i>NA</i> <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> <input 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> <input type="checkbox"/> 97. Written Policies/Procedures <input type="checkbox"/> 98. Training Outline on file <p><u>Nonprescription Topical Medications</u></p> <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> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 103. Labeling/Storage <input type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p><u>Self-Administration</u></p> <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> <input type="checkbox"/> 108. KI Pill Parent Permission/Storage <i>NA</i>	<p><u>School Age Children Endorsement 19a-79-11</u></p> <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>Night Care Endorsement 19a-79-12 (10pm-5am)</u></p> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Program Plan/Supervision <input type="checkbox"/> 150. Staff Awake/Available <input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input type="checkbox"/> 152. Individual Storage of Personal Items <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <p><u>Monitoring of Diabetes 19a-79-13</u></p> <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 <i>fil Montanye</i>	Written Corrective Action Plan Due to OEC by: <i>6/3/22</i>	Signature of Person in Charge <i>staff not able to sign for review</i>
Print Name: <i>fil Montanye</i>	Print Name: <i>(Signature)</i> <i>emailed to director</i>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Casimir Pulaski before / After sch. Program License # 12585 Date: 5/20/22

Observations/Corrections needed:

- #2 observed no documentation of new employee orientation for 1 staff due to staff file not on site
- #4 observed no documentation for behavior management tech. discussed with parents for 7 out 7 children's ~~F~~ (PM)
- #5 observed no notification of change for new head teacher and program hour change (from 6:00 pm closing to 5:30 pm)
- #6 observed policies to be unavailable not on site
- #16 observed no staff physical or TB results for staff due to no file on site
- #17 observed no professional development for 1 staff due to no file on site
- #26 and #27 observed no consult agreements, visit or logs on site per staff not aware where they would be.
- #32 observed 3 out 7 enrollment dates for children missing
 - observed 1 enrollment for child missing doctor information
- #37 observed 1 out 7 physical, immunization and TB risk not available in child's file

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: ATL Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/3/2022

Signature: Staff unable to
(Person in Charge)

Print Name: Stay for review

Emailed to director

(PM)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Casmir Pulaski Before/ After school Program License # 12585 Date: 5/20/22

Observations/Corrections needed:

- #95 written plans for Daily Program activities not observed
- #97 written policies/procedures for administration of medications not observed / not on site
- #98 medication administration outline on file not observed / not on site
- #102 observed 7 medication order on school personnel form (form ~~has~~ ^{PM} does not have proper childcare personnel authorization)
- #104 observed expired asthma inhaler (expired 11/2020) child currently attending (medication orders dated 9/2021)
- #38 observed care plan for child with expired medication unable to be carried out due to no current medication on site.

* additional violation: 19a-79-4a (D): program failed to supervise children by sight and sound at all times when children were allowed to walk to bathrooms unattended and ~~to get water~~ ^{another time} (PM) 7 child came into cafe to drink from fountain unattended. Specialist followed child back to gym and 2 staff a few feet in gym with backs turned to door and hallway!

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]
Print Name: F. Montanye (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/3/2022

Signature: Staff unable to
Print Name: stay for review (PM)
Emailed to Director