

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Strawco Activities Program</u>	License Number: <u>70346</u>	Date of Inspection: <u>10-3-22</u>	Time of Arrival: <u>7:30</u>
Address: <u>200 Strawberry Hill Ave</u>	Expiration Date: <u>1-31-25</u>	Licensed Capacity: <u>113</u>	
Town: <u>Stamford</u>	Telephone: <u>203 609 9028</u>	# of children present: <u>12</u>	# of staff present: <u>4</u>
Operator: <u>Roscco Stamford School Comm Org Inc</u>	Director: <u>Audette Bisailion</u>		
Email: <u>abis@roscco.org</u>	Head Teacher: <u>Nadine Little</u>		
Hours of Operation: <u>M-F 7:30-8:45am / 3:30-5:30pm</u>	Summer Care: <u>Closed</u>		
Ages Served: <u>5-14 yrs</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: 8-15-22

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/Staff

Items Posted: Conspicuous/Accessible

- 8. License
- 9. Current Fire Marshal Certificate Date: 6-2-22
- 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: _____
- 15a. Developmental Milestones

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 18b. Background Checks
- 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:

Print Name: Lori Mangano

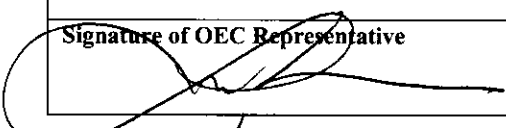
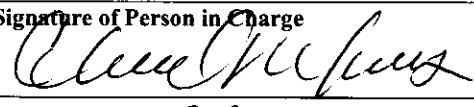
Written Corrective Action Plan
Due to OEC by:

10-17-22

Signature of Person in Charge:

Print Name: Cheryl Mangano

SCHOOL AGE ONLY INSPECTION FORM

Program Name: <i>Strawco Activities Program</i>		License Number: <i>70346</i>	Date of Inspection: <i>10/3/22</i>
Physical Plant continued: <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 Outdoor Space <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 Educational Requirements 19a-79-8a <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 Administration of Medications 19a-79-9a <ul style="list-style-type: none"><input checked="" type="checkbox"/> 97. Written Policies/Procedures<input checked="" type="checkbox"/> 98. Training Outline on fileNonprescription Topical Medications<ul style="list-style-type: none"><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR<input checked="" type="checkbox"/> 100. Labeling/StorageOral/Topical/Inhalant/Injectable Medications<ul style="list-style-type: none"><input checked="" 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/DisposedSelf-Administration<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		School Age Children Endorsement 19a-79-11 <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 Monitoring of Diabetes 19a-79-13 <i>no one currently enrolled</i> <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 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 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>10/17/22</i>	Signature of Person in Charge 	
Print Name: <i>Loni mangano</i>	Print Name: <i>CHRISTA McQuay</i>		

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Strawco Activities Program License # 70346 Date: 10.3.22

Observations/Corrections needed:


- ⑤ Notification of Change form not provided to OEC for new head teacher or new health consultant.
- ⑩ 3 staff without TB test on file and 1 without physical on file.
- ③⑧ Individual care plan for 1 child indicates 2-4 puffs of albuterol and label on medication states 2 puffs. 2 staff did not sign individual care plans and are responsible for care.
- ⑩② 1 child with authorization form for 7ml of Benadryl and chewables on site. 1 child with albuterol authorization form indicating 2-4 puffs and medication label states 2 puffs.

Discussion

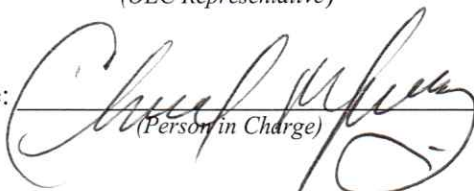
- All changes need to be submitted to OEC ^(Lm) ~~with~~ within the required time frame.
- 1 child without physician name on enrollment form.

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)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10.17.22

Signature: 
(Person in Charge)