

**SCHOOL AGE ONLY INSPECTION FORM**

- INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Springco Activities Program</u>	License Number: <u>116666</u>	Date of Inspection: <u>3-20-23</u>	Time of Arrival: <u>7:30am</u>
Address: <u>1127 Hope St</u>	Expiration Date: <u>5-31-25</u>	Licensed Capacity: <u>80</u>	
Town: <u>Stamford</u>	Telephone: <u>203-609-9027</u>	# of children present: <u>2</u>	# of staff present: <u>3</u>
Operator: <u>Roscco Stamford School Comm Org Inc</u>	Director: <u>Sheila Glenn</u>		
Email: <u>abise@roscco.org</u>	Head Teacher: <u>Hana Lalalandra / Daniella Gentile</u>		
Hours of Operation: <u>1:00pm-2:45pm and 3:30 to 5:30pm</u>	Summer Care: <u>closed</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: 9.19.22

**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/Sta

**Items Posted: Conspicuous/Accessible**

8. License  
 9. Current Fire Marshal Certificate Date: 3-23-20  
 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	<u>N/A</u>	<u>N/A</u>

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: <u>[Signature]</u> Print Name: <u>Lori Mangano</u>	Written Corrective Action Plan Due to OEC by: <u>4.3.23</u>	Signature of Person in Charge: <u>[Signature]</u> Print Name: <u>Daniella Gentile</u>
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SCHOOL AGE ONLY INSPECTION FORM

<p><b>Program Name:</b> <i>Springco Activities Program</i></p>	<p><b>License Number:</b> <i>16666</i></p>	<p><b>Date of Inspection:</b> <i>3.20.23</i></p>
<p><b>Physical Plant continued:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><b>Outdoor Space</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free of Hazards</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Playground Protected</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><b>Educational Requirements 19a-79-8a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><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</li> </ul> <p><b>Administration of Medications 19a-79-9a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p><b>Nonprescription Topical Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><b>Self-Administration</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> </ul> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul>	<p><b>School Age Children Endorsement 19a-79-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><b>Monitoring of Diabetes 19a-79-13</b> <i>no one currently enrolled</i></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>	
<p><b>Signature of OEC Representative</b> <i>[Signature]</i></p>	<p><b>Written Corrective Action Plan Due to OEC by:</b> <i>4.3.23</i></p>	<p><b>Signature of Person in Charge</b> <i>[Signature]</i></p>
<p><b>Print Name:</b> <u><i>Lon Mangano</i></u></p>	<p><b>Print Name:</b> <u><i>Danica Conroy</i></u></p>	

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Springco Activities Program License # 16666 Date: 3.20.23

## Observations/Corrections needed:

- (8) License not posted
- (9) Fire marshal certificate expired (send copy)
- (16) 3 staff missing TB test and 1 missing physical (send copies)
- (17) 1 staff without policy, plans and procedure training documented (checklist not complete)
- (102) 1 child with "school" only authorization form on file for albuterol, completed by physician. Parent completed parent section on form not completed by physician.
- (103) Label not secured to box for 1 child with epi-pen. stored loose in bag

## Discussion

- Paperwork should remain on file for all staff for 2 years. 1 staff member did not have paperwork on file from working in fall 2022.
- Work supervised staff can never be left alone with children. 1 afternoon staff member is work supervised status in BCIS
- Dental consultant needs to complete all annual reviews
- Observed children kicking and hitting balls on 1 side of room and other side children are engaged in activities. A few times balls were kicked over to activity area. Be mindful of safety issue.

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

Signature: \_\_\_\_\_

(Person in Charge)

OEC BY: 4.323