

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Hartco Activities Program</u>	License Number: <u>14465</u>	Date of Inspection: <u>9.28.23</u>	Time of Arrival: <u>7:30 am</u>
Address: <u>61 Adams Ave</u>	Expiration Date: <u>5.31.25</u>	Licensed Capacity: <u>160</u>	
Town: <u>Stamford</u>	Telephone: <u>203.609.9027</u>	# of children present: <u>2</u>	# of staff present: <u>2</u>
Operator: <u>Roscco Stamford School Comm Org Inc</u>	Director: <u>Audette Bisailon</u>	Head Teacher: <u>Theresa Evans</u>	
Email: <u>abis@roscco.org</u>	Summer Care: <u>Open</u>		
Hours of Operation: <u>7:30-8:45am and 3:30-5:30pm Summer 7:30-5:30pm</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>5-12 years</u>			

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: 8.24.22

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: 7.12.22
 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	✓	✓
Health	0	0
Social Service	0	0
Dental	✓	✓
Dietitian	N/A	N/A

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: Lon Mangano

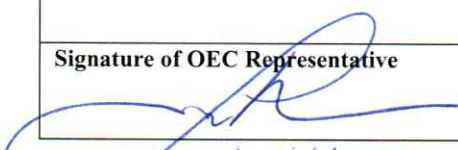
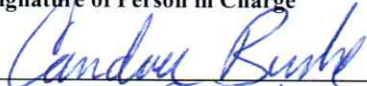
Written Corrective Action Plan
Due to OEC by:

10.12.23

Signature of Person in Charge:

Print Name: Candace Burke

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <i>Harkco Activities Program</i></p>	<p>License Number: <i>16665</i></p>	<p>Date of Inspection: <i>9.28.23</i></p>
<p>Physical Plant continued:</p> <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 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 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>Outdoor Space</p> <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 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 <p>Educational Requirements 19a-79-8a</p> <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 <p>Administration of Medications 19a-79-9a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input type="checkbox"/> 98. Training Outline on file <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <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 <p>Self-Administration</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization 	<p>School Age Children Endorsement 19a-79-11</p> <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 <p>Monitoring of Diabetes 19a-79-13 <i>no one currently enrolled</i></p> <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 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 	
<p>Signature of OEC Representative</p> 	<p>Written Corrective Action Plan Due to OEC by: <i>10.12.23</i></p>	<p>Signature of Person in Charge</p> 

Print Name: *Len Mangano*

Print Name: *Candace Burk*

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hartco Activities Program License # 12665 Date: 9.28.23

Observations/Corrections needed:

- (9) Fire Marshal certificate expired 7.12.23
- (19) Designated head teacher hours cannot be verified. She is not signing in and out in binder daily and staff state she is present daily. 60% of operating hours cannot be verified at inspection.
- (26) Health and Social Service consultant contracts expired
- (27) ~~Health and~~ Social Service completion of all annual reviews expired
- (89) 6 sets of swing chains are rusted and mulch not equal to 8" under and around all climbers.
- (98) Medication training outline not complete on file.
- (2) no documentation on site for new staff-employee orientation
- (3) no documentation on site for annual review training of policies
- (16) no staff files on site to review
- (17) no professional development to review on site.
- (24) CPR certificates not available for review
- (25) first aid certificates not available for review

Discussion

- Health consultant documented on 9/20/23 that staff files were not on site.
- All files are required to be on site during all operating hours every day.
- All staff files not on site.
- Health consultant documented on file on 9/20/23 that her contract was not on file at site.

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: _____

Lon Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: _____

(Person in Charge)

Print Name: _____

Candace Burke

OEC BY: _____

10.12.23