

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Name:	Northco Activities Program	Date of Inspection:	3.4.25	Inspection Number:	245
Address:	82 Sheffieldtown Rd	Licenses Number:	116657	Inspection Date:	5.31.25
City:	Stamford	Telephone Number:	203.604.9083	Case:	closed
Operator:	Rosco Stamford School Comm Org Inc	# of Staff Present:	2	# over 3 Present:	1
Phone:	abusa@rosco.org	Total Capacity:	80	Total Under 3 capacity:	0
Inspector:	Audette Bisillon	Hours/Days of Operation:	2:30pm-5:30pm		

Inspection Code: NA - Not Applicable at this time - Regulation in Compliance - Regulation Not in Compliance

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-11

1. (c)(8) Local Health Inspection-Date: 4.4.24

ADMINISTRATION 19a-79-3a

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMLETE/IMPLEMENTED**
 - (d)(2)(A) Discipline policy
 - (d)(2)(B-C) Child Protection policy
 - (d)(3) Closing time policy
 - (d)(4)(A) Medical emergency policy
 - (d)(4)(B) Multi-Hazards policy-annual drill
 - (d)(5) Supervision policy
 - (d)(6) General Operating policies
 - (d)(6)(C) Administrative Oversight policy
 - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
 - (f) Immediate access by parents
 - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
 - (e)(1) License posted
 - (e)(2) OEC Complaint Procedure posted
 - (e)(3) Menus posted
 - (e)(4) No Smoking posted signs at entrances
 - (e)(5) OEC Inspection report posted or available
 - (e)(6) Developmental Milestones posted

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- 28. (d)(4)(B)
- 29. (d)(6)
- 30. (d)(4)(D)
- 31. (d)(5)
- 32. (d)(5)(A)
- 33. (d)(5)(B)
- 34. (e)(1)
- 35. (f)(1)
- (f)(2)
- (a)(2)
- (h)(1)(2)
- (h)(1)(2)
- (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- (i)(1)(A)-(D)
- (i)
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

Staff health records
Disciplinary actions
Comprehensive Background Checks
Evidence of compliance
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff

RATIOS
Ratio 1:10 - Indoors/Outdoors
Mixed age group-ratios
Nap time ratio
Supervision-Indoors/Outdoors

GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff

PROFESSIONAL DEVELOPMENT
Documentation
Health & Safety training
1% annual hours

SWIMMING ACTIVITIES - Y/N
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising

CONSULTANTS
Consultants-Education, Health, Social Service, Dietitian (N/A)
Consultant agreements-signed annually
Agreements complete w/required services
Consultant logs-documented activities, observations and required services
Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	0	1	1
Health	0	1	1
Soc. Serv.	0	1	1
Dietitian	NA	NA	

PROGRAM NAME: Northco Activities Program

LICENSE NUMBER: 116657

INSPECTION DATE: 3.4.15

RECORD KEEPING 19a-79-5

PHYSICAL PLANT 19a-79-7a cont.

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. PARENT PERMISSIONS
 - (a)(1)(D)(i) Emergency medical permission
 - (a)(1)(D)(ii) Authorized release permission
 - (a)(1)(D)(iii) Field trip permission
 - (a)(1)(D)(iv) Transportation permission
- 38. (a)(2)(A-B) Child Health Records
- 39. (a)(2)(C) Immunization records
- 40. (a)(2)(E) Individual care plan-signed by parents/staff
- 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
- 42. (a)(3)(B) Parent notification of illness or injury
- 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
- 44. (a)(3)(D) Notify DPH, local health-reportable diseases
- 45. (a)(4) Video recordings- keep 30 days

- 72. (d)(2)
- 73. (d)(3)
- 74. (d)(3)
- 75. (d)(4)
- 76. (d)(5)
- 77. (d)(6), (f)(3)
- 78. (d)(7)
- 79. (d)(8)
- 80. (d)(8)
- 81. (d)(9)
- 82.

- Walkways maintained
- Windows protected to prevent falls
- Window screens (Schl age only N/A)
- Glass and mirrors protected to 36"
- Overhead doors-locking devices, spring protectors N/A
- Exits, stairs, hallways unobstructed
- Individual storage of clothing/bedding
- Smoking or vaping prohibited on premises/grounds
- Matches/lighters inaccessible
- Electrical safety-outlets inaccessible -covered or protected (Schl age only N/A)

HEALTH and SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection N/A
- 51. (a)(6) Kitchen-clean, safe storage of food/supplies N/A
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (Schl age only N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- 60. (c) FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
- 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

- (d)(10)(A)
- (d)(10)(B)
- (d)(10)(C)
- (d)(10)(C)
- (d)(10)(D)
- (d)(10)(E)
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- TOILETING**
- Shared toilets/sinks-supervision plan
- Toileting needs met
- Potty chairs-nonporous, emptied, disinfected
- Required toilets/sinks-1:16
- Required toilets/sinks-1:25 schl age only
- Toileting Supplies-Hand drying-Garbage
- Handwashing staff/children
- Toilets/sinks located-at the facility or licensed premises
- Well lighted/ventilated toilet rooms
- Mechanical ventilation (Grp Homes N/A)
- Staff personal articles inaccessible
- AIR TEMPERATURE**
- Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
- Air temp <65°F comfortable (Schl age only N/A)
- Air temp > 80 °F - ↑ fluids/ventilation
- Water temperature 60 °F - 120 °F
- Portable space heaters prohibited
- Walls/ceilings/floors/rugs-clean/good repair
- Rugs- not tripping/slipping hazard
- Hot water/Steam pipes protected
- Working phone on each level
- Emergency numbers posted-adjacent to phones
- Parents provided direct on site phone number
- LIGHTING**
- All areas min. 1 foot candle of lighting
- Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
- Schl age only-lighting for comfort
- Light fixtures shielded/shatter proof
- Potentially hazardous substances, materials - labeled, inaccessible
- Garbage/rubbish-disposed of daily, containers in good repair
- Stairs-protected/good repair-handrails
- Toxic plants/materials inaccessible
- Pets or other animals-in good health, written care plan including access to children
- Prevention of vermin-openings screened
- Radon test- Results: _____ (Schl N/A)
- Results posted-Date: _____ (Schl N/A)
- Carbon monoxide detector-each level N/A
- Program space-adequate-35 sq. ft. per child
- Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
- Air conditioners, water heaters, fuse boxes inaccessible
- Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 8.20.24
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) N/A
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools N/A)
- (c)(5)(B) Lead Water Test - Date: _____ N/A
- (c)(5)(B) Bact./Chem Test-Date: _____ N/A
- (c)(5)(C) Drinking water available/accessible
- 70. (c)(6)(A) LEAD PAINT
- Peeling Paint NO Inside/Outside
- Building Pre-78: YN Lead Test: YN
- Results NO LEAD
- (c)(6)(B-D) Lead Management Plan N/A
- 71. (d)(1) Emergency vehicle access

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- (e)(18)
- (f)(1)(A)
- 104.
- (g)(1)
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- (g)(3)
- (g)(4)

PROGRAM NAME: Non-Pro Activities Program LICENSE NUMBER: 116697 DATE OF INSPECTION: 3.4.25

PHYSICAL PLANT 19a-79-7a

UNDER THREE ENDORSEMENT 19a-79-10

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCING
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
		WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
	<input checked="" type="checkbox"/> (f)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible

<input type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared
	<input type="checkbox"/> (f)(2)	
	<input type="checkbox"/> (f)(3)	
	<input type="checkbox"/> (f)(4)	
<input type="checkbox"/> 130.	<input type="checkbox"/> (g)(1)	
	<input type="checkbox"/> (g)(1)	
	<input type="checkbox"/> (g)(1)	
	<input type="checkbox"/> (g)(2)	
	<input type="checkbox"/> (g)(3)	
	<input type="checkbox"/> (g)(4)	
	<input type="checkbox"/> (g)(5)	SAFE SLEEP Under 12 mths placed on back for sleeping Crib-slug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles, etc. No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation
	<input type="checkbox"/> (g)(6)	
	<input type="checkbox"/> (g)(7)	
	<input type="checkbox"/> (g)(8)	
<input type="checkbox"/> 131.	<input type="checkbox"/> (h)(1)	
<input type="checkbox"/> 132.	<input type="checkbox"/> (h)(1)	
<input type="checkbox"/> 133.	<input type="checkbox"/> (h)(2)	
<input type="checkbox"/> 134.	<input type="checkbox"/> (h)(2)	
<input type="checkbox"/> 135.	<input type="checkbox"/> (i)(1)(2A-C)	
<input type="checkbox"/> 136.	<input type="checkbox"/> (j)	
	<input type="checkbox"/> (k)(1)	FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft lic. after 1/1/25 Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
	<input type="checkbox"/> (k)(2)	
	<input type="checkbox"/> (k)(3)	
	<input type="checkbox"/> (k)(4)	
	<input type="checkbox"/> (k)(5)	
<input type="checkbox"/> 137.	<input type="checkbox"/> (l)(1)	
<input type="checkbox"/> 138.	<input type="checkbox"/> (l)(2)	
<input type="checkbox"/> 139.	<input type="checkbox"/> (l)(3)	

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS
	<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10

SCHOOL AGE ENDORSEMENT 19a-79-11

<input type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors
<input type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input type="checkbox"/> 123.	(d)(2)(B)	Washable cots
<input type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/> 128.		DIAPERING
	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail
	<input type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
	<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
	<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
	<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily
	<input type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
		Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Head teacher approved- 60%

CHILD CARE CENTER AND SCHOOL BUS INSPECTION FORM - page 4

PROGRAM NAME: Northwest Activities Program **LICENSE NUMBER:** 116657 **DATE OF INSPECTION:** 3.4.25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N **MONITORING OF DIABETES 19a-79-9a Y/N**

- 147. (b) Approved Night Care Endorsement
- 148. (b)(1) Person in charge-head teacher
- 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
- 150. (b)(3) Written plan for supervision including cot placement and evacuation
- 151. (b)(4) Children in care no more than 12 hrs. in 24
- 152. (b)(5) Staff awake and available
- 153. **SLEEP PROVISIONS**
 - (b)(6) Individual cot/crib with bedding
 - (b)(6)(A) Sleeping apparel/toiletries labeled
 - (b)(6)(B) Required bedding
 - (b)(6)(C) Required toiletries
 - (b)(6)(D) Bedding/sleeping apparel laundered weekly
 - (b)(7) Sleep arrangements for infants
- 154. (b)(8) Air temp 65 °F at 3 ft
- 155. (b)(9) Fire marshal approval-hours specified
- 156. (b)(10) Local health approval

- 171. (a)(1) Written policies and procedures
- 172. **STAFF TRAINING**
 - (b)(1)(A) Staff training – first aid
 - (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
 - (b)(2) Training updated at least every 3 years
 - (b)(3) Written documentation of training
 - (c)(2) Trained staff on site when child is present
 - (c)(3) Self-administration - written authorization and under supervision of trained staff
 - (d)(1) Equipment provided by parents
 - (d)(2) Equipment labeled and inaccessible
 - (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
 - 173. (e)(1) Authorized prescriber written order
 - 174. (e)(2) Written authorization from parent
 - 175. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
 - 176. (e)(3)
 - 177. (e)(1)
 - 178. (e)(2)
 - 179. (e)(3)

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. **NONPRESC. TOPICAL MEDICATION**
 - (a)(2) Admin/Parent permission/report errors
 - (a)(3)(A-B) Labeling and Storage
 - (a)(3)(C) Unused/expired meds destroyed/returned
- 160. **MEDICATION TRAINING**
 - (b)(1)(A/C) Medication training-general-oral/top/inhalant
 - (b)(1)(D) Injectable premeasured autoinjector medication
 - (b)(1)(E) Rectal medication
 - (b)(1)(F) Injectable other than premeasured auto-injector
 - (b)(2)(A-B) Training approval documents/certificates
 - (b)(2)(C) Training outline on file
- 161. (b)(3)(A-B) Authorized prescriber/parent permission
- 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 163. (b)(4)(A-B) Medication Administration Records (MAR)
- 164. (b)(5)(A-B) Labeling and Storage
- 165. (b)(5)(C) Emergency medication inaccessible
- 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 167. (b)(5)(E) Auto-injector/inhalant equipment
- 168. (b)(6) Self-administration documentation
- 169. (b)(7)(A-B) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

ADDITIONAL VIOLATION

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

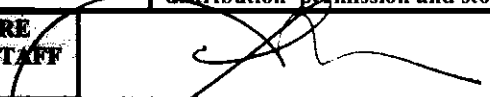
DISCUSSIONS - COMMENTS

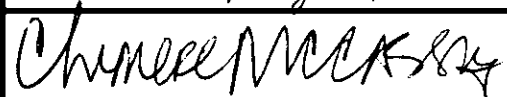
Regulation not in compliance when...

- (1) (d)(1)(b)(C) - No Administrative Oversight Policy observed
- (19) (a)(4) - 2 staff without health record on file.
- (22) (b)(4) - 1 staff without evidence of compliance on site. of background check
- (33) (a)(2) - 1 staff without new employee orientation on site
- 1 staff without Annual policy training documented
- (35) (1)(2)(A-H) - All consultant contracts do not include all new services required. (send copies)

Discussed

- work supervised staff scheduled with "current" staff.
- missing paperwork for staff on site
- current BCIS roster on site. - employment history check needs to be on site
- new regulations
- need no vaping sign

SIGNATURE OF OEC STAFF: 
PRINTED NAME: Lon Mangano

SIGNATURE OF PERSON IN CHARGE: 
PRINTED NAME: Chimerle McCaskey

OEC DIVISION OF LICENSING
 450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: 3.18.25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>