

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
SCHOOL AGE ONLY INSPECTION FORM**

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

Program Name:	Murco Activities Program	Date of Inspection:	4.21.25	Time of Arrival:	7:30
Address:	19 Horton St	License Number:	70208	Expiration Date:	10.31.26
Town:	Stamford	Telephone Number:	203.609.9027	Center Class:	Closed
Operator:	Roscoe Stamford School Comm Org Inc	# of Staff Present:	2	# children Present:	1
Email:	ahis@roscoe.org	Age(s) Served:	5-12 yrs	Total Capacity:	120
Inspector:	Audette Basillon	Days of Operation:	7:30am-5:30pm	Hours of Operation:	7:30am-5:30pm

Inspection Code:  Regulation in Compliance  Regulation not in Compliance  N/A - Not applicable to this type

**LICENSURE PROCEDURES 19a-79-2a**

1. (c)(8) Local Health Inspection-Date: 8.11.24

**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-COMplete/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
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
  - 3a(e)(1) License posted
  - 3a(e)(2) OEC Complaint Procedure posted
  - 3a(d)(6)(C) Administrative Oversight Policy
  - 3a(e)(3) Menus posted
  - 3a(e)(4) No Smoking posted signs at entrances
  - 3a(e)(5) OEC Inspection report posted or available
  - 7a(e)(17) Radon test posted (Schls-N/A)

**STAFFING and CONSULTANTS 19a-79-4a**

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance -with bknd cks/history
- 23. (d) Adequate staffing
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 28. (d)(4)(D) Supervision-Indoors/Outdoors
- 29.  (d)(5)(A) Group Size-school age field trips/outdoors
- 30. (e)(1) Designated director-training
- 31. (f)(1) CPR certified program staff
- 32. (f)(2) First aid certified program staff
- 33. **PROFESSIONAL DEVELOPMENT**
  - (a)(2) Documentation
  - (h)(1) Health & Safety training
  - (h)(2) 1% annual hours
- 34. **SWIMMING ACTIVITIES - Y/N**
  - (4)(C)(ii-v) Swimming-Ratios
  - (4)(C)(i) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- 35. **CONSULTANTS**
  - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
  - (i) - Consultant agreements-signed annually-agreements complete w/required services
  - (j)(2)(A-H) Consultant logs-documented activities, observations and required services
  - (F) Consultant visits- Education/Health
  - (i)(2) (H)(i)-(I)(i)

	Contracts	Logs	Visits
Education	/	/	/
Health	/	/	/
Soc. Serv.	/	/	/
Dietitian	NA	NA	

**CHILD CARE CENTER / EARLY CHILD CARE HOME INSPECTION FORM**

**PROGRAM NAME:** *Murco Activities Program*      **LICENSE NUMBER:** *10208*      **DATE OF INSPECTION:** *4-21-25*

**SCHOOL AGE ENDORSEMENT 19a-79-11**

**MONITORING OF DIABETES 19a-79-13** *Y/N*

140. (b) Approved Schl Age Endorsement  
**SCHEDULE - ACTIVITIES**

141.  (c) Written daily program plan-flexible schedule-available to staff/parents

(c)(1) Activities not a duplication of child's day

(c)(2) Activities include cognitive, physical, social, emotional needs of the children

(c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events

143. (d) Ratio- 1:15

144. (e) Group size- max. 30

145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent

146. (g) Designated Head teacher approved- 60%

171. (a)(1) Written policies and procedures

172.  (b)(1)(A) **STAFF TRAINING**

(b)(1)(B) Staff training - first aid

(i)-(iii) 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

173. (c)(3) Self-administration - written authorization and under supervision of trained staff

174. (d)(1) Equipment provided by parents

175. (d)(2) Equipment labeled and inaccessible

176. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded

177. (e)(1) Authorized prescriber written order

178. (e)(2) Written authorization from parent

179. (e)(3) Testing results and actions taken - documented and kept on file, ensure parents are notified daily

**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) Injectible premeasured autoinjector medication

(b)(1)(E) Rectal medication

(b)(1)(F) Injectible 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**

*New Regulations.*

**Signature of OEC staff:** *[Signature]*

**Printed Name:** *Lon Mangano*

**Signature of person in charge:** *[Signature]*

**Printed Name:** *Marta Papadakis*

**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](http://www.ctoec.org/licensing) Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov)

**Inspection shall be posted or available for review upon request.**

**Written Corrective Action Plan Due by:** *N/A*

**CAP:** <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

**CHILD CARE CENTER/GROUP CHILD CARE HOME SCHOOL AGE ONLY INSPECTION FORM**

**PROGRAM NAME:** Murco Activities Program **LICENSE NUMBER:** 70708 **DATE OF INSPECTION:** 4.21.25

**RECORD KEEPING:** \_\_\_\_\_ **PHYSICAL PLANT:** 19a-79-7a cont.

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 79.		<b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible <b>TOILETING</b> Shared toilets/sinks-supervision plan Toileting needs met Required toilets/sinks-1:25 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94)(Grp Homes N/A) Staff personal articles inaccessible <b>AIR TEMPERATURE</b> Air temp < 65°F comfortable Air temp > 80 °F - ↑ fluids/ventilation Portable space heaters prohibited Hot water/Steam pipes protected <b>TELEPHONE/NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number <b>LIGHTING</b> All areas min. 1 foot candle of lighting Enough 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 Radon test- Results: _____ (Schls 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 Developmentally app equipment, materials Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm <b>OUTDOOR SPACE</b> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert playg. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous <b>OUTDOOR PROTECTED/FENCED</b> Playground protected from traffic, water, gullies or other hazards Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A) <b>WATER HAZARDS</b> Pools, swimming areas-conforms to DPH (N/A) Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible (N/A)
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	<b>PARENT PERMISSIONS</b> Emergency medical permission	<input checked="" type="checkbox"/> (d)(8)		
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/> (d)(8)		
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission			
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A)	
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records		<input checked="" type="checkbox"/> (d)(10)(B)	
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records		<input checked="" type="checkbox"/> (d)(10)(D)	
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff		<input checked="" type="checkbox"/> (d)(10)(E)	
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports		<input checked="" type="checkbox"/> (d)(10)(E)	
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury		<input checked="" type="checkbox"/> (d)(10)(F)	
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality		<input checked="" type="checkbox"/> (d)(10)(G)	
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases		<input checked="" type="checkbox"/> (d)(10)(H)	
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/> 83.	(d)(11)	

**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(1)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(2)
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 91.	(e)(4)
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths		(e)(6)
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection _____ (N/A)	<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)		<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities		<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(8)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep		<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children		<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 96.	(e)(10)
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 97.	(e)(11)
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 98.	(e)(12)
	<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	<input checked="" type="checkbox"/> 99.	(e)(13)
	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 101.	(e)(14-15)
			<input checked="" type="checkbox"/> 102.	(e)(17)
			<input checked="" type="checkbox"/> 103.	(e)(18)
			<input checked="" type="checkbox"/> 104.	(f)(1)(A)
			<input checked="" type="checkbox"/> 107.	(g)(1)
			<input checked="" type="checkbox"/> 108.	(g)(4)
			<input checked="" type="checkbox"/> 109.	(g)(5)
			<input checked="" type="checkbox"/> 110.	(g)(6)
			<input checked="" type="checkbox"/> 111.	(g)(6)

**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>8/20/24</u>	<input checked="" type="checkbox"/> 109.	(g)(6)
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 110.	(j)
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 111.	
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission		<input checked="" type="checkbox"/> (h)(1)
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free		<input checked="" type="checkbox"/> (h)(2)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals		<input checked="" type="checkbox"/> (h)(3)
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (School N/A) Lead Water Test - Date: _____		<input checked="" type="checkbox"/> (h)(4)
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)		<input checked="" type="checkbox"/> (h)(5)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible		<input checked="" type="checkbox"/> (h)(6)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results <u>No lead</u> Lead Management Plan _____	<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(8)
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - Y/N Inside/Outside		<input checked="" type="checkbox"/> (h)(9)
<input checked="" type="checkbox"/> 71.	(d)(2)	Emergency vehicle access	<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)
<input checked="" type="checkbox"/> 72.	(d)(3)	Walkways maintained		<input checked="" type="checkbox"/> (h)(7)(B)
<input checked="" type="checkbox"/> 73.	(d)(5)	Windows protected to prevent falls		<input checked="" type="checkbox"/> (h)(7)(C)
<input checked="" type="checkbox"/> 76.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A)		<input checked="" type="checkbox"/> (i)
<input checked="" type="checkbox"/> 77.		Exits, stairs, hallways unobstructed		<input checked="" type="checkbox"/> (i)