

SCHOOL AGE ONLY INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Right at School at Spring Glen</u>	License Number: <u>70499</u>	Date of Inspection: <u>8-16-21</u>	Time of Arrival: <u>9:42</u>
Address: <u>1908 Whitney Ave</u>	Expiration Date: <u>8/31/23</u>	Licensed Capacity: <u>66</u>	
Town: <u>Hamden 06517</u>	Telephone: <u>203-817-4269</u>	# of children present: <u>45</u>	# of staff present: <u>87</u>
Operator: <u>Right at School, LLC</u>	Director: <u>Shannon Nolan</u>	Head Teacher: <u>Shannon Nolan</u>	
Email: <u>Springglen@rightatschool.com</u>	Summer Care: <u>yes</u>		
Hours of Operation: <u>7:30-5:30 only Summer 7-8:30 am 3:30-6 pm</u>	Ages Served: <u>5 yrs-12 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: 7-31-19

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: 5/29/19
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: na
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: _____ Results: _____

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 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	✓	0
Health	0	0
Social Service	0	0
Dental	0 ✓	0 ✓
Dietitian		

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:

Jennifer Sere
Print name: Jennifer Sere

Written Corrective Action Plan

Due to OEC by: 8/30/21

Signature of Person in Charge:

Shannon Nolan
Print name: Shannon Nolan

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <i>Right at School at Spring Glen</i></p>	<p>License Number: <i>70499</i></p>	<p>Date of Inspection: <i>8-16-21</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 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 <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 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 <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 checked="" 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>Emergency Distribution of Potassium Iodide</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage 	<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 child 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 <i>Jennifer Seve</i></p> <p>Print Name: <u>Jennifer Seve</u></p>	<p>Written Corrective Action Plan Due to OEC by: <i>8/30/21</i></p>	<p>Signature of Person in Charge <i>Shannon Nolan</i></p> <p>Print Name: <u>Shannon Nolan</u></p>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Spring Glen License # 70499 Date: 8/16/21

Observations/Corrections needed:

- #1 observed local health inspection to ~~be~~ not be current
- #2 unable to observe proof of new hire orientation for 4 out of 8 staff
- #4 observed 3 out of 8 files to not include documentation of behavior management techniques discussed with parents
- #7 unable to observe daily attendance records for staff
- #9 observed fire marshal certificate to not be current
- #16 observed 6 out of 9 staff files to be missing physical and TB
- #26 observed expired contracts for health, social service and dental consultants
- #27 observed consultant logs to not be present/available
- #32 enrollment information not observed for 3 students, incomplete for 2 students
- #34 authorized release not observed for 2 students
- #36 transportation permission not observed for 3 out of 8 children's files
- #37 child health records and immunizations/TB not observed 1 child
- #38 observed 4 individual care plans not signed by all staff and ~~staff~~ ^{parents}
- #40 observed snack offered to not include ~~in~~ two food groups
- #73 observed emergency numbers ^{not} posted
- #88 observed climbing structures to not have 8 inches of shock absorbing material under equipment
- #98 unable to observe administration of medication's training outline
- #102 observed 5 out of 5 medication parent permission, authorized prescriber forms to be incomplete, observed 6 medications on site, without MAR 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: Jennifer Serra
(OEC Representative)
Print Name: Jennifer Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)
Print Name: Shannon Nolan

OEC BY: 8/30/21

SUPPLEMENTAL REPORT OF INSPECTION

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Observations/Corrections needed:

#16 observed 1 staff health record to be incomplete

#33 observed 3 out of 10 childrens files to be missing emergency medical permission

Discussed:

School age enrollment, students need to have completed kindergarten to attend summer camp.

Students starting kindergarten may enroll in program during school calendar year

Head teacher required to be on site 60% of operating hours
Director required to have 3 credits in administration and supervision within 1 year

Dental consultant contract and logs have expired.
Need to be updated, waiver expired June 30, 2021

Program receives Care 4 kids funding. Emergency plans do not meet CCDF requirements at this time

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Signature: [Signature]
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OEC BY: 8/30/21

Print Name: Shannon Nolan