

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Right at School at Dunbar Hill</u>	License Number: <u>70500</u>	Date of Inspection: <u>9-23-21</u> Time of Arrival: <u>2:58</u>
Address: <u>315 Lane St</u>	Expiration Date: <u>8-31-23</u>	Licensed Capacity: <u>43</u>
Town: <u>Hamden 06514</u>	Telephone: <u>203-817-1371</u>	# of children present: <u>93</u> # of staff present: <u>2</u>
Operator: <u>Right at School LLC</u>	Director: <u>Shannon Nolan</u>	
Email: <u>dunbarhill@rightatschool.com</u>	Head Teacher:	
Hours of Operation: <u>M-F 7-8:04 2:00-6:00</u>	Summer Care: <u>no</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: 8/2/19

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/Staff

Items Posted: Conspicuous/Accessible

- 8. License
- 9. Current Fire Marshal Certificate Date: 8/17/21
- 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: na 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	<u>exp</u>	<u>0</u>
Health	<u>exp</u>	<u>0</u>
Social Service	<u>exp</u>	<u>0</u>
Dental	<u>exp</u>	<u>0</u>
Dietitian	<u>na</u>	<u>-</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:

Jennifer Seve

Print name: Jen Seve

Written Corrective Action Plan

Due to OEC by: 10/27/21

Signature of Person in Charge:

Samantha Gorley

Print name: Samantha Gorley

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <i>Right at School at Dunbar Hill</i></p>	<p>License Number: <i>70500</i></p>	<p>Date of Inspection: <i>8.23.21</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 Serre</i></p> <p>Print Name: <u>Jen Serre</u></p>	<p>Written Corrective Action Plan Due to OEC by: <i>10/7/21</i></p>	<p>Signature of Person in Charge <i>Samantha Gorley</i></p> <p>Print Name: <u>Samantha Gorley</u></p>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Dunbar HHS License # 70500 Date: 9-23-21

Observations/Corrections needed:

- #1 observed local health inspection to be more than 3 yrs old
- #2 observed 2 out of 3 staff files unable to observe proof of new hire orientation
- #4 observed 8 out of 13 student files to be missing proof of behavior management techniques discussed with parents
- #7 observed incomplete/not accurate ^{attendance records} for students and staff since 8/30/21 (start of school)
- #16 observed 1 expired health record, 1 incomplete staff health record and 1 staff file missing a staff health records
- #17 observed 2 staff files without documentation of professional development
- #19 observed no documentation of head teacher on site at least 60% of operating hours
- #24 observed no staff to have current First Aid training
- #25 observed no staff to have current CPR training
- #27 observed all consultant logs to no be current, no documentation of review of policies, plans and procedures, observed no health consultant logs accessible
- #32 observed 9 out of 14 children enrollment records to be incomplete or missing from files
- #33 observed 8 out 14 children files to be missing emergency medical permission

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: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 10/27/21

Signature: [Signature]
(Person in Charge)
Print Name: Samantha Gorley

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Dunbar H/H License # 70500 Date: 9.23.21Observations/Corrections needed:

- #34 observed 7 out of 14 childrens files to be missing authorized release permission
- #37 observed 7 out of 14 childrens health records/TB/immunizations to be missing/not present
- #38 observed one child with inhaler, ^{without a} care plan ~~not signed by staff~~ ~~and parent~~. Observed 1 child health record to indicate child has asthma - no care plan on site
- #44 observed 1 incomplete first aid kit on site. Unable to observe ~~inter~~ outdoor/field trip first aid kit
- #73 observed incomplete/outdated emergency numbers, partially posted on cell phone (part of list is ripped off phone)
- #76 observed cleaning spray, accessible to children, in the gymnasium
- #80 Observed no CO detector in gym
- #98 observed administration of medications training outline to not be on site/available
- #102 observed authorized prescriber form to be incomplete for medication on site. Observed no MAR for medication on site
- #101 observed no staff to have current injectable training to not be current
- Discussed: Consultant contracts expired during covid, update immediately
 Had teacher staff - no head teacher certificate, no ^{H.T.} staff observed.

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Signature: Jennifer Serra
(OEC Representative)Print Name: Jennifer Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)OEC BY: 10/7/21Print Name: Samantha Gorley