

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

| | | | |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------|
| Program Name: Right at School at West Woods | License Number: 70502 | Date of Inspection: 10-13-21 | Time of Arrival: 3:20 |
| Address: 350 W Todd St | Expiration Date: 8-31-23 | Licensed Capacity: 110 | |
| Town: Hamden, CT 06518 | Telephone: 475-259-5891 | # of children present: 15 | # of staff present: 72 |
| Operator: Right at School, LLC | Director: Shannon Nolan | Head Teacher: none | |
| Email: westwoods@rightatschool.com | Summer Care: closed | | |
| Hours of Operation: M-F 7-8:34, 3:34-6 pm | Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time | | |
| Ages Served: 5 yrs - 12 yrs | | | |

Licensure Procedures 19a-79-2a

- 1. Local Health Inspection Date: **7/30/19**
- 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: **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 | ✓ | 0 |
| Health | 0 | 0 |
| Social Service | 0 | 0 |
| Dental | 0 | 0 |
| Dietitian | na | na |

- 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: **NA**
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 Serra

Print name: Jen Serra

Written Corrective Action Plan

Due to OEC by: **10-27-21**

Signature of Person in Charge:

Des. Jones

Print name: Destini Jones

SCHOOL AGE ONLY INSPECTION FORM

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| <p>Program Name: Right at School West Woods</p> <p><u>Physical Plant continued:</u></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><u>Outdoor Space</u></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><u>Educational Requirements 19a-79-8a</u></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><u>Administration of Medications 19a-79-9a</u></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><u>Nonprescription Topical Medications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p><u>Oral/Topical/Inhalant/Injectable Medications</u></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><u>Self-Administration</u></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><u>Emergency Distribution of Potassium Iodide</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage | <p>License Number: 70502</p> <p>Date of Inspection: 10-13-21</p> <p><u>School Age Children Endorsement 19a-79-11</u></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><u>Monitoring of Diabetes 19a-79-13 no child enrolled</u></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 Serra</i></p> | <p>Written Corrective Action Plan Due to OEC by: 10/27/17</p> | <p>Signature of Person in Charge <i>Destini Jones</i></p> |

Print Name: Jen Serra

Print Name: Destini Jones

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at West Woods License # 70502 Date: 10.13.21Observations/Corrections needed:

- #1 local health inspection more than 2 years old
- #2 new staff orientation not observed for 3 staff
- #3 annual staff training not observed for 3 staff
- #6 Policies observed to be incomplete/missing: child protection, general operating policies, incomplete personal policies, closing time policy
- #7 observed staff attendance records to be incomplete. observed staff sign in, not out, site director has not signed in/out no staff attendance for 10/11, 10/12 and 10/13 observed
- #9 Fire Marshall certificate more than 2 years old
- #16 observed 1 expired staff health record, unable to observe health records for 4 staff members, unable to observe TB test results for 4 out of 7 staff
- #19 no head teacher observed on site. no head teacher on staff for program
- #25 ~~observed first aid certification for 1 staff to be expired~~ observed first aid certification, for 3 staff, to not be from an approved class. Currently no staff member has current and agency approved First Aid course
- #26 observed consultant contracts to be more than 1 year old for Health, Social Service and Dental consultants
- #27 unable to observe consultant logs
- #32 observed enrollment information incomplete for 2 out of 10 files

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 Lusa
(OEC Representative)Print Name: Jennifer Lusa

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Des Jones
(Person in Charge)OEC BY: 10/27/21Print Name: Des Jones

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at West Woods License # 70502 Date: 10/13/21

Observations/Corrections needed:

- #37 Observed 2 out of 10 student health record to be missing / not available during inspection
- #38 Observed 1 child health record to indicate child has asthma and observed care plan, without medication on site staff are unable to follow care plan without medication observed 1/2 care plans not signed by all staff ~~and~~
- #51 staff reported using childrens bathroom, 1 staff reported staff bathroom not near program space. Program site director reported not being aware of a staff bathroom. She reported she was instructed to use childrens bathroom.
- #76 Observed 6 containers of cloxy wipes on bottom shelf of open closet, accessible to children
- #95 ~~written~~ administration of medication training outline not observed
- #101 - observed 1 staff member with current med training according to attendance records staff member not present / on site for all operating hours
- #102 observed 1 authorized prescriber / parent permission to not be complete for medication on site

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Signature: Jennifer Serra Jen Serra
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Des Jones, Destini Jones
(Person in Charge)

OEC BY: 10/27/21

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at West Woods License # 70502 Date: 10-13-21

Observations/Corrections needed:

19a.79.3 a (a) operator failed to ensure the health and safety of children when they failed to have/maintain proof of Covid vaccine compliance and/or covid testing weekly and attestations from staff for vaccine cards in compliance with governors executive order.

Discussed

Director 3 credit course required within 1 year
Covid vaccine proof / attestations / proof of weekly testing / exemptions
Case 4 kids emergency plans
BCIS email sent from OEC regarding background checks

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jennifer Serra Jen Serra
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Jes. Tomas Datinu Tomas
(Person in Charge)

OEC BY: 10/27/21