

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>11/17/21</u>	Time of Arrival: <u>2:35</u>
Address: <u>315 Lane Street</u>	Expiration Date: <u>8-31-2023</u>	Licensed Capacity: <u>43</u>	
Town: <u>Hamden</u>	Telephone: <u>203-617-1371</u>	# of children present: <u>22</u>	# of staff present: <u>3</u>
Operator: <u>Right at School, LLC</u>	Director: <u>Shannon Nolan</u>		
Email: <u>dunbarhill@rightatschool.com</u>	Head Teacher: <u>-none-</u>		
Hours of Operation: <u>Monday-Friday 7-8:04 am, 2:00-6:00 pm</u>	Summer Care: <u>open</u>		
Ages Served: <u>5 years - 12 years</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: _____

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: _____
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: _____
- 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
Social Service		0
Dental		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: <u>Jen Serr / Fil Montanye</u>	Written Corrective Action Plan Due to OEC by: <u>12-1-21</u>	Signature of Person in Charge: <u>Carlin Halbron</u>
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Print name: Jen Serr / Fil Montanye

Print name: Carlin Halbron

Post for 30
Operating
Days

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>11-17-21</i></p>
<p><u>Physical Plant continued:</u></p> <p><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</p> <p><input type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</p> <p><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</p> <p><input type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</p> <p><input type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</p> <p><input type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</p> <p><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</p> <p><input type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</p> <p><input type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</p> <p><input type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</p> <p><input type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</p> <p><u>Outdoor Space</u></p> <p><input type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</p> <p><input type="checkbox"/> 88. Impact Absorbing Material under Equipment</p> <p><input type="checkbox"/> 89. Playground Free of Hazards</p> <p><input type="checkbox"/> 92. Equipment Anchored/Safely Arranged</p> <p><input type="checkbox"/> 93. Outdoor Playground Protected</p> <p><input type="checkbox"/> 94. Drinking Water Available/Accessible</p> <p><u>Educational Requirements 19a-79-8a</u></p> <p><input type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</p> <p><input 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> <p><u>Administration of Medications 19a-79-9a</u></p> <p><input type="checkbox"/> 97. Written Policies/Procedures</p> <p><input type="checkbox"/> 98. Training Outline on file</p> <p><u>Nonprescription Topical Medications</u></p> <p><input type="checkbox"/> 99. Administration/Parent Permission/MAR</p> <p><input type="checkbox"/> 100. Labeling/Storage</p> <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <p><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</p> <p><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</p> <p><input type="checkbox"/> 103. Labeling/Storage</p> <p><input type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</p> <p><u>Self-Administration</u></p> <p><input type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</p> <p><input type="checkbox"/> 106. Labeling/Storage</p> <p><input type="checkbox"/> 107. Approved Petition For Special Med Authorization</p> <p><u>Emergency Distribution of Potassium Iodide</u></p> <p><input type="checkbox"/> 108. KI Pill Parent Permission/Storage</p>	<p><u>School Age Children Endorsement 19a-79-11</u></p> <p><input type="checkbox"/> 143. Approved Endorsement</p> <p><input type="checkbox"/> 144. Activity choices appropriate</p> <p><input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</p> <p><input type="checkbox"/> 146. Group Size: Max. 20 Children</p> <p><input type="checkbox"/> 147. Education Consultant Appropriate</p> <p><u>Monitoring of Diabetes 19a-79-13</u></p> <p><input type="checkbox"/> 154. Written Policies/Procedures</p> <p><input type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</p> <p><input type="checkbox"/> 156. Training Current/Documented</p> <p><input type="checkbox"/> 157. Supervision of Self Administration</p> <p><input type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</p> <p><input type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</p> <p><input type="checkbox"/> 160. Materials Discarded Appropriately</p> <p><input type="checkbox"/> 161. Authorized Prescriber/Parent Permission</p> <p><input type="checkbox"/> 162. Documentation of Test Results/Actions Taken</p> <p><input type="checkbox"/> 163. Daily Written Parent Notifications</p>	
<p>Signature of OEC Representative <i>Jen Serra / Fil Montanyc</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>12-1-21</i></p>	<p>Signature of Person in Charge <i>Carla</i></p>
<p>Print Name: <i>Jen Serra / Fil Montanyc</i></p>	<p>Print Name: <i>Carla Haloran</i></p>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Dunbar Hill License # 70500 Date: 11-17-21Observations/Corrections needed:

- #6 program failed to follow their bathroom supervision policy when staff allowed children to walk down the hall unattended, to use the bathrooms
- #5 program failed to notify OEC of change in health consultant
- #7 upon arrival observed 1 staff signed in on daily attendance record and 2 staff not signed in
- #19 Designated head teacher not observed for 60% of operating hours and no documentation of approved interim plan for head teacher
- #24 } upon arrival, at 2:35, observed no staff with
#25 } documentation of first Aid and CPR with 5 children present
observed only staff with current First Aid and CPR arrived at 3:12 with remaining students from school.
- #27 observed no consultant logs documenting review of programs policies, plans, procedures and educational program plans for all consultants.
- #32 3 out of 25 student enrollment information incomplete
- #33 1 out of 25 student records missing emergency medical permission
- #37 2 out of 25 children missing physical and immunization records
observed 1 out of 25 physicals incomplete

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: Jen Sene / Fil Montanye
(OEC Representative)Print Name: Jen Sene / Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Carin Halloran
(Person in Charge)OEC BY: 12/1/21Print Name: Carin Halloran

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Dunbarton License # 70500 Date: 11-17-21

Observations/Corrections needed:

#38 observed 1 individual care plan with medication listed, that is not on site. Staff are unable to carry individual care plan with allergy for child with allergy

- individual care plans, not observed for 6 children in which physical indicates chronic illness.

- observed 2 care plans not signed by all staff responsible for childrens care.

#51 staff unclear on the designated staff bathroom location.

Questioned 3 out of 4 staff in attendance

#76 observed 3 bottles of peroxide cleaners in cafeteria not locked

- observed 2 unlocked cleaners, located on stage, accessible to children

#101 observed 4 out of 5 staff with ^{out} documentation of injectable training and 1 out of 5 without current documentation of injectable training (expired 9-1-21)

- Upon arrival no staff with current medication and injectable training were present with children enrolled with emergency medication, including injectables and inhalers

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

Signature: Jennifer Seva / Fel Montenegro
(OEC Representative)
Print Name: Jen Serra / Fel Montenegro

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)
Print Name: Caitlin Halloran

OEC BY: 12-1-21

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Dunbar Hill License # 70500 Date: 11-17-21

Observations/Corrections needed:

- # 102 Observed 1 medication order to be incomplete, missing parent authorization and child's address and the medication is not on site
- observed 1 medication order to be illegible and medication not on site
- observed 1 medication order for medication not on site

Additional violation

19a-79-3a(c) provider failed to comply with face masks worn by all staff, noncompliance with Governor's ^{executive} order when observed staff not wearing their mask appropriately throughout inspection.

Discussion

Head teacher requirements

Care 4 kids orientation for All staff 5 or 18 hrs.
Maintain accurate attendance records for children upon arrival and dismissal

Program is in compliance with Governor's executive order regarding vaccine/testing/attestation requirements

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

Signature: Jennifer Serran / Fil Montanye
(OEC Representative)
Print Name: Jen Serran / Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)
Print Name: Caitlin Hawron

OEC BY: 12-1-21