

INITIAL    UNANNOUNCED FULL/PARTIAL    FOLLOW UP    LOCATION CHANGE    OTHER

<b>Program Name:</b> Right at School at Dunbar Hill	<b>License Number:</b> 70500	<b>Date of Inspection:</b> 11/24/21	<b>Time of Arrival:</b> 8:09
<b>Address:</b> 315 Lane St	<b>Expiration Date:</b> 8/31/23	<b>Licensed Capacity:</b> 43	
<b>Town:</b> Hamden 06514	<b>Telephone:</b> 203-817-1371	<b># of children present:</b> 5	<b># of staff present:</b> 4
<b>Operator:</b> Right at school, LLC	<b>Director:</b> Shannon Nolan		
<b>Email:</b> dunbarhill@rightatschool.com	<b>Head Teacher:</b> none		
<b>Hours of Operation:</b> 7:00-8:00am / 2:00pm-6:00pm	<b>Summer Care:</b> open		
<b>Ages Served:</b> 5yrs-12yrs old	<b>Instruction Codes:</b> √ = 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

**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		
Health		
Social Service		
Dental		
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: *Gen Serra* / *Fel Montanye*      Written Corrective Action Plan Due to OEC by: *12-8-21*      Signature of Person in Charge: *Shannon Nolan*

Print name: *Gen Serra Fel Montanye*      Print name: *Shannon Nolan*

Post for 30  
Operating  
Days

## SCHOOL AGE ONLY INSPECTION FORM

<p><b>Program Name:</b> <i>Right at School at Dunbar Hill</i></p>	<p><b>License Number:</b> <i>70500</i></p>	<p><b>Date of Inspection:</b> <i>11.24.21</i></p>
<p><b>Physical Plant continued:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><b>Outdoor Space</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input type="checkbox"/> 89. Playground Free of Hazards</li> <li><input type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input type="checkbox"/> 93. Outdoor Playground Protected</li> <li><input type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><b>Educational Requirements 19a-79-8a</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><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</li> </ul> <p><b>Administration of Medications 19a-79-9a</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 97. Written Policies/Procedures</li> <li><input type="checkbox"/> 98. Training Outline on file</li> </ul> <p><b>Nonprescription Topical Medications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input type="checkbox"/> 103. Labeling/Storage</li> <li><input type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><b>Self-Administration</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input type="checkbox"/> 106. Labeling/Storage</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul> <p><b>Emergency Distribution of Potassium Iodide</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 108. KI Pill Parent Permission/Storage</li> </ul>	<p><b>School Age Children Endorsement 19a-79-11</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 143. Approved Endorsement</li> <li><input type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><b>Monitoring of Diabetes 19a-79-13</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 154. Written Policies/Procedures</li> <li><input type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input type="checkbox"/> 156. Training Current/Documented</li> <li><input type="checkbox"/> 157. Supervision of Self Administration</li> <li><input type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>	
<p><b>Signature of OEC Representative</b> <i>Jen Serra / Fil Montanye</i></p> <p><b>Print Name:</b> <i>Jen Serra / Fil Montanye</i></p>	<p><b>Written Corrective Action Plan</b> Due to OEC by: <i>12-8-21</i></p>	<p><b>Signature of Person in Charge</b> <i>[Signature]</i></p> <p><b>Print Name:</b> <i>Shannon Nolan</i></p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright at School at Dunbar License # 70500 Date: 11/24/21

Observations/Corrections needed:

\* Item checked off or circled were items inspected at this time items left blank were inspected in previous inspections.  
\* at time of arrival 4 staff present and 5 children present total attendance of children for the morning was 17. 17 children's files were reviewed.

#32 - observed 1 out of 17 children's enrollment incomplete.

#37 - observed 3 out of 17 children's physicals incomplete missing immunization record.

#38 - 1 care plan for child in attendance ~~not~~ <sup>PM</sup> with emergency medication not observed.

• 7 care plans not observed for children in which doctor indicates chronic illness or delays/special needs

#45 - observed children's bathrooms not clean ~~laundry~~ <sup>PM</sup> (across from cafe)

#102 - ~~no~~ <sup>PM</sup> medication order for emergency medication not observed for child in attendance and medication on site

#145 - observed 15:1 staff child ratio in cafe approximately 4 minutes 1-staff in hallway supervising children in bathroom (2) and program director in office.

#7 - observed one staff leave program and not signed out (staff was sent to ~~retrieve~~ <sup>retrieve</sup> medication for child in attendance from sister school)

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 Lee / Felicia Montanye  
(OEC Representative)  
Print Name: Jen Lee / Fel Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

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

OEC BY: 12/8/21

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Dunbar License # 70500 Date: 11/24/21

Observations/Corrections needed:

additional violation  
19a-79-3a(a) - operator failed to ensure the health and safety of children in care when they allowed 2 children to attend without emergency medication. Health records for children indicate they are needed on site.

Discussion

- \* program is in compliance with vaccine requirements per governor's order
- \* Head teacher was discussed as it has been previously cited and program is working with OEC and specialist on interim plan and approvals
- \* 1 child with behavior m. tech. discussed (child had program print off for enrollment) with parents not observed.

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 Serra / Fil Montanye  
(OEC Representative)

Print Name: Jen Serra / Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 12/8/21

Print Name: Shannon Nolan