

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>12/23/21</u>  | Time of Arrival: <u>7:10</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>3</u>      | # of staff present: <u>1</u> |
| Operator: <u>Right at School, LLC</u>                  | Director: <u>Shannon Nolan</u>   | Head Teacher: <u>Tecarra Peguese</u> |                              |
| Email: <u>Springglen@rightatschool.com</u>             | Summer Care: <u>open</u>   |                                      |                              |
| Hours of Operation: <u>M-F 7am-8:34am, 3:30-6:00pm</u> | Instruction Codes:<br>√ = Compliance/No violation found    O = Non-compliance/Violation found<br>N/A = Not applicable at this time |                                      |                              |
| Ages Served: <u>5-12 years</u>                         |  |                                      |                              |

**Licensure Procedures 19a-79-2a**

1. Local Health Inspection Date: 9-28-21

**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: \_\_\_\_\_
- 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      |           | <input checked="" type="checkbox"/> |
| Health         |           | <input checked="" type="checkbox"/> |
| Social Service |           | <input checked="" type="checkbox"/> |
| Dental         |           | <input checked="" type="checkbox"/> |
| 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:

Jen Serra / Felicia Montanye  
Print name: Jen Serra / Felicia Montanye

Written Corrective Action Plan

Due to OEC by: 1/6/22

Signature of Person in Charge:

Shannon Nolan  
Print name: Shannon Nolan

Post for 30  
Operating  
Days

## SCHOOL AGE ONLY INSPECTION FORM

|  |   |  |
|--|---|--|
| <p><b>Program Name:</b><br/><i>Right at School at Spring Glen</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/<br/>Flexible/Meets Individual Needs<br/>Program Includes: Indoor/Outdoor, Gross/Fine<br/>Motor Skills, Snacks/Meals,<br/>Rest/Sleep/Quiet Time,<br/>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 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>License Number:</b><br/><i>70499</i></p> <p><b>Date of Inspection:</b> <i>12-23-21</i></p> <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><br/><i>Jen Serra / Fel Montanye</i></p>  | <p><b>Written Corrective Action Plan</b><br/>Due to OEC by:<br/><i>1/6/22</i></p>   | <p><b>Signature of Person in Charge</b><br/><i>Shannon Nolan</i></p> |
| <p><b>Print Name:</b> <i>Jen Serra / Fel Montanye</i></p>  | <p><b>Print Name:</b> <i>Shannon Nolan</i></p>  |  |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Spring Glen License # 70499 Date: 12/23/21

Observations/Corrections needed:

#25 Observed no First Aid trained on site, upon arrival. Area manager was notified of OEC licensing specialists were on site. Area manager arrived on site at 8:11am

#38 observed 2 childrens files in which physicals indicate special needs with no individual care plans on site. One care plan observed, not signed by parent.

#102 observed 1 medication order that does not match the medication on site.

#7 observed no staff signed in during visit, one staff not signed out yesterday. observed 1 staff signed in/out on 12/20/21 am.

Discuss

some care plans on site, indicate may <sup>is</sup> indicate repeat administration of medication if no improvement licensend child care staff, per med admin training, not allowed.

one child file missing behavior management techniques discussed with parents

#38 continued- care plans not signed by all staff.

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 Montanyc  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Shannon Nolan  
(Person in Charge)

OEC BY: 1/6/22

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Spring Glen License # 70499 Date: 12/23/21Observations/Corrections needed:

#19 observed attendance records dated 12/3/21 - 12/23/21  
 observed head teacher signed in for 3.50 hrs total  
 for week of 12/6 - 12/10/21.

observed head teacher signed in for a total of  
 3.79 hours for week of 12/13 - 12/17/21.

observed head teacher signed in for 1.4 hours on  
 12/21/21 and signed in at 4:20 pm on 12/22/21, and  
 not signed out.

Head teacher not on site 60% of operating hours.

#16 observed two out of 4 staff files to not have  
 current staff health records and one to not have  
 TB results

#27 Education consultant log not observed.

#20 observed 1 staff present, upon arrival. Three children  
 present with one staff member. Additional students arrived  
 before second staff member arrived after 10 minutes.

#24 observed no CPA trained staff on site, until area  
 manager arrived at 8:11 am, after staff notified her  
 of OEC licensing staff was on site.

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 (OEC Representative)

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Signature: Shannon Nolan  
 (Person in Charge)

OEC BY: 1/6/22