

Post for 30
Operating
Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302, Hartford, CT 06103
Phone 800-282-6063 Fax 860-326-0552
SCHOOL AGE ONLY INSPECTION FORM

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>1-11-22</u>	Time of Arrival: <u>3:15</u>
Address: <u>1908 Whitney Avenue</u>	Expiration Date: <u>8/31/23</u>	Licensed Capacity: <u>66</u>	
Town: <u>Hamden</u>	Telephone: <u>203-817-4269</u>	# of children present: <u>19</u>	# of staff present: <u>5</u>
Operator: <u>Right at School, LLC</u>	Director: <u>Shannon Nolan</u>		
Email: <u>springglen@rightatschool.com</u>	Head Teacher: <u>Tecarra Peguese</u>		
Hours of Operation: <u>M-F 7:00-8:30, 3:30-6:00 pm</u>	Summer Care: <u>open</u>		
Ages Served: <u>5yrs - 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: _____

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	√	⊕
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: <u>Jennifer Serra / Fel Montanuy</u>	Written Corrective Action Plan Due to OEC by: <u>1/25/22</u>	Signature of Person in Charge: <u>Shannon Nolan</u>
Print name: <u>Jennifer Serra / Fel Montanuy</u>		Print name: <u>Shannon Nolan</u>

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SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <u>Bright at School at Spring glen</u></p> <p><u>Physical Plant continued:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 73. Emergency Numbers Posted <input type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input type="checkbox"/> 76. Potentially Hazardous Substances Locked <input type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input 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 type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input type="checkbox"/> 88. Impact Absorbing Material under Equipment <input type="checkbox"/> 89. Playground Free of Hazards <input type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input type="checkbox"/> 93. Outdoor Playground Protected <input type="checkbox"/> 94. Drinking Water Available/Accessible <p><u>Educational Requirements 19a-79-8a</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <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><u>Administration of Medications 19a-79-9a</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 97. Written Policies/Procedures <input type="checkbox"/> 98. Training Outline on file <p><u>Nonprescription Topical Medications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 99. Administration/Parent Permission/MAR <input type="checkbox"/> 100. Labeling/Storage <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 103. Labeling/Storage <input type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p><u>Self-Administration</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 106. Labeling/Storage <ul style="list-style-type: none"> <input 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 type="checkbox"/> 108. KI Pill Parent Permission/Storage 	<p>License Number: <u>70499</u></p> <p>Date of Inspection: <u>1-11-22</u></p> <p><u>School Age Children Endorsement 19a-79-11</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 143. Approved Endorsement <input type="checkbox"/> 144. Activity choices appropriate <input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input type="checkbox"/> 146. Group Size: Max. 20 Children <input type="checkbox"/> 147. Education Consultant Appropriate <p><u>Monitoring of Diabetes 19a-79-13</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 154. Written Policies/Procedures <input type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input type="checkbox"/> 156. Training Current/Documented <input type="checkbox"/> 157. Supervision of Self Administration <input type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input type="checkbox"/> 160. Materials Discarded Appropriately <input type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input type="checkbox"/> 163. Daily Written Parent Notifications
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<p>Signature of OEC Representative <u>Jan Serra / Fil Montanye</u></p> <p>Print Name: <u>Jan Serra / Fil Montanye</u></p>	<p>Written Corrective Action Plan Due to OEC by: <u>1/25/22</u></p>	<p>Signature of Person in Charge <u>[Signature]</u></p> <p>Print Name: <u>Shannon Nolan</u></p>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Spring Glen License # 70499 Date: 1-11-22

Observations/Corrections needed:

#5 observed contract for Education consultant, signed 1/6/22 with a new consultant. The agency did not receive a notification of change for the new consultant

#7 observed staff attendance to be incomplete. Upon arrival observed 5 staff present with 4 staff signed in. Fifth staff did not sign in during our visit

#16 observed 1 staff health record and TB test results to be illegible. unable to read staff member name, date of physical exam, TB results and signature/stamp of health professional

#19 observed both paper sign-in and electronic sign in's for head teacher. Head teacher not on site 6:00 to 9:00 of operating hours.

#27 current log for review of educational program plans and policies, plans and procedures not observed for educational consultant

#38 observed 2 care plans to be incomplete, not developed with health care provider

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 / Nil Montanye
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Jen Serra / Shannon Nolan
(Person in Charge)

OEC BY: 1-25-22

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Spring Glen License # 70499 Date: 1/11/22

Observations/Corrections needed:

#43 observed children to be eating snack without prior hand washing

#7 continued - observed on-site sign-in to not match electronic sign in when head teacher signed in at 3:00pm and electronic punch indicates 4:30pm for 1/10/22.

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

Signature: Jen Serra / Jill Montanye (QEC Representative) Print Name: Jen Serra / Jill Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/25/22

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