

SCHOOL AGE ONLY INSPECTION FORM

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Nathan Hale Before/After School Program</u>	License Number: <u>14100</u>	Date of Inspection: <u>5/12/22</u>	Time of Arrival: <u>2:30pm</u>
Address: <u>277 Atkins Street ext</u>	Expiration Date: <u>4/30/26</u>	Licensed Capacity: <u>40</u>	
Town: <u>Menden 06450</u>	Telephone: <u>475-775-4902</u>	# of children present: <u>33</u>	# of staff present: <u>4</u>
Operator: <u>Women and Families Center</u>	Director: <u>Dean Tremaglio</u>		
Email: <u>dtremaglio@womenfamilies.org</u>	Head Teacher: <u>none</u>		
Hours of Operation: <u>M-F am 6:45-8:45 / 3:20pm-6:00</u>	Summer Care: <u>Closed</u>		
Ages Served: <u>4yrs - 12yrs</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: 10/26/20
- 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: 8/27/21
  - 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"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- 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>Fil Montanye</u>	Written Corrective Action Plan Due to OEC by: <u>5/26/22</u>	Signature of Person in Charge: <u>Dean Tremaglio</u>
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Print name: Fil Montanye Print name: Dean Tremaglio

SCHOOL AGE ONLY INSPECTION FORM

Program Name:

Nathan Hale Before/After School Program

License Number:

14100

Date of Inspection:

5/12/22

Physical Plant continued:

- 73. Emergency Numbers Posted
- 75. Light Fixtures Shielded/Shatter Proof
- 76. Potentially Hazardous Substances Locked
- 77. Garbage/Rubbish Disposed Daily
- 78. Stairs Protected/Good Repair/Handrails
- 79. Pets: Maintained/Care Plan (Y/N)
- 80. Operable CO Detector on Each Level (Y/N)
- 81. Program Space/Adequate Sq. Ft. Per Child
- 84. Developmentally Appropriate Equipment/Materials
- 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
- 86. No Weapons/No Facsimile of a Firearm on Premise

Outdoor Space

- 87. Outdoor Space Adequate Sq. Ft. Per Child
- 88. Impact Absorbing Material under Equipment
- 89. Playground Free of Hazards
- 92. Equipment Anchored/Safely Arranged
- 93. Outdoor Playground Protected
- 94. Drinking Water Available/Accessible

Educational Requirements 19a-79-8a

- 95. Written Plan for Daily Program Available to Parents/Staff
- 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

Administration of Medications 19a-79-9a

- 97. Written Policies/Procedures
- 98. Training Outline on file
- Nonprescription Topical Medications
- 99. Administration/Parent Permission/MAR
- 100. Labeling/Storage
- Oral/Topical/Inhalant/Injectable Medications
- 101. Med Trained Staff/Certificates
- 102. Authorized Prescriber/Parent Permission/MAR
- 103. Labeling/Storage
- 104. Unused/Expired Meds Returned/Disposed
- Self-Administration
- 105. Authorized Prescriber/Parent Permission/MAR
- 106. Labeling/Storage
- 107. Approved Petition For Special Med Authorization

Emergency Distribution of Potassium Iodide

- 108. KI Pill Parent Permission/Storage

School Age Children Endorsement 19a-79-11

- 143. Approved Endorsement
- 144. Activity choices appropriate
- 145. Ratio: 1 Staff to 10 Children
- 146. Group Size: Max. 20 Children
- 147. Education Consultant Appropriate

Monitoring of Diabetes 19a-79-13

- 154. Written Policies/Procedures
- 155. On Site Staff Trained in First Aid/Glucose Testing
- 156. Training Current/Documented
- 157. Supervision of Self Administration
- 158. Equipment/Supplies: Labeled/Inaccessible
- 159. Signed Agreement w/Parent Regarding Equipment
- 160. Materials Discarded Appropriately
- 161. Authorized Prescriber/Parent Permission
- 162. Documentation of Test Results/Actions Taken
- 163. Daily Written Parent Notifications

Signature of OEC Representative

*Al Montanye*

Written Corrective Action Plan

Due to OEC by:

5/26/22

Signature of Person in Charge

*Dean Tremaglio*

Print Name:

Al Montanye

Print Name:

Dean Tremaglio

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nathan Hale Before/After License # 14100 Date: 5/12/22  
School program

Observations/Corrections needed:

- #2. observed 1 staff without documentation of new staff orientation
- #4 observed no documentation of behavior mang. tech. discussed with parents for 8 out of 8 children's files
- #7 observed <sup>all</sup> morning staff for today not signed out
- #16 observed 1 staff health record with date of exam not legible <sup>and</sup> missing medical statement
- #19 observed no head teacher present for 60% of operating hours
- #27 observed no health consultant visit for school year
- #32 observed 6 out of 8 children's files without <sup>out</sup> start dates
- #44 ~~first~~ ~~PM~~ observed first AIO kits incomplete missing ice packs and current manuals
- #80 Co detector not observed
- #102 observed 1 expired medication order for emergency medication
- #103 observed 1 emergency medication not in original box and without pharmacy label
- #104 observed 1 medication for child no longer attending not disposed of.
- #38. observed 2 care plans not able to be executed both call for medication not on site (Benadryl)


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:   
(OEC Representative)

Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:   
(Person in Charge)

OEC BY: 5/26/22

Print Name: Dean Tremaglio

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nathan Hale Before/After school Program License # 14100 Date: 5/12/22

Observations/Corrections needed:

#38 continued  
• observed 1 asthma care plan not signed by all staff responsible for child's care

#145 observe 1 staff leave cafe to get snack ~~and~~ (PM) leaving <sup>group</sup> 2 children with 2 staff leaving cafe out of ratio

Discussion

- BCIS
- Boys bathroom stalls with rust and corrosion (photo taken)
- 1 care plan for child w/ Allergy states child does not have asthma child has care plan for Asthma, med and order
- 1 care plan states staff read and understand child's Asthma plan and child has Allergy Plan not Asthma.
- Professional Development for all staff
- Director training

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Signature: [Signature]  
(OEC Representative)

Print Name: Phil Montange

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/26/22

Signature: [Signature]  
(Person in Charge)

Print Name: Dean Tremaglio