

SCHOOL AGE ONLY INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Right at School at West woods</u>	License Number: <u>70502</u>	Date of Inspection: <u>11-6-23</u>	Time of Arrival: <u>3:10</u>
Address: <u>350 W Todd St</u>	Expiration Date: <u>8-31-27</u>	Licensed Capacity: <u>110</u>	
Town: <u>Hamden, CT 06513</u>	Telephone: <u>203-817-7311</u>	# of children present: <u>17</u>	# of staff present: <u>3</u>
Operator: <u>Right at School LLC</u>	Director: <u>Glenn Hutchinson</u>	Head Teacher: <u>Joanna Darby</u>	
Email: <u>glenn.hutchinson@rightatschool.com</u>	Summer Care: <u>closed</u>		
Hours of Operation: <u>M-F 7:00-8:30am, 3:24-6:00pm</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>5-12 years</u>			

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: 9-20-21

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: 10-19-23
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: na
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: na Results: _____
- 15a. Developmental Milestones

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 18b. Background Checks
- 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	na	na

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: na
Bacterial/Chemical Test (Y/N) Date: na
- 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:

Jan Serra
Print Name: Jan Serra

Written Corrective Action Plan
Due to OEC by:

11-20-23

Signature of Person in Charge:

Joanna Darby
Print Name: Joanna Darby

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <i>Right at School at West Woods</i></p>	<p>License Number: <i>78502</i></p>	<p>Date of Inspection: <i>11.6.23</i></p>
<p><u>Physical Plant continued:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <i>(N)</i> <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level <i>(X/N)</i> <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <i>(N)</i> <input checked="" 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 checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free of Hazards <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Playground Protected <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p><u>Educational Requirements 19a-79-8a</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" 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 checked="" type="checkbox"/> 98. Training Outline on file <p><u>Nonprescription Topical Medications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p><u>Self-Administration</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization 	<p><u>School Age Children Endorsement 19a-79-11</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate <p><u>Monitoring of Diabetes 19a-79-13</u> <i>no child enrolled</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications 	
<p>Signature of OEC Representative <i>Jennifer Serra</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>11.20.23</i></p>	<p>Signature of Person in Charge <i>Joanna Darby</i></p>
<p>Print Name: <u><i>Jen Serra</i></u></p>	<p>Print Name: <u><i>Joanna Darby</i></u></p>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at West License # 70502 Date: 11.6.23

Observations/Corrections needed:

woods

#1 observed local health inspection more than 2 years

#3 Observed 3 staff files without documentation of annual review policies. Observed a date on professional development log, no supporting documentation.

Staff report in person training of policies, plans and procedures did not cover all OEC required policies.

#6 Observed updated right at school policies to be incomplete or not on site. Did not observe Discipline, Supervision and personnel policies. Observed incomplete closing time policy and child protection policies

#5 Observed new/updated policies plans and procedures and operator failed to submit notification of change to OEC.

#7 Observed attendance records for staff and children to be incomplete. Children were not signed out from a.m program on this date, staff not signed in for a.m program, on this date

~~Obs #10 Observed no complaint procedure to be posted. JS~~

#12 Observed posted menus to not include menus for this week and next week.

#18b Unable to observe BCIS roster, staff do not have access to BCIS, no copy of BCIS roster accessible during inspection

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 Serra
(OEC Representative)Print Name: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Joanna Darby
(Person in Charge)OEC BY: 11.20.23Print Name: Joanna Darby

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at West Woods License # 70502 Date: 11.6.23

Observations/Corrections needed:

#20 upon review of staff attendance and during staff interviews it was discovered/revealed that the program operates with 1 staff present each morning from 7-7:30 am.

#27 observed dental consultant log to be more than 1 year.

Observed social service log to not indicate annual review of education programs.

#32 observed 2 out of 9 student enrollment records to be missing parent work address and/or work numbers
observed 2 out of 9 student enrollment records to be illegible due to poor copy/print quality.

#34 observed 1 out of 9 student files to be missing authorized release to someone other than parent/guardian

~~#38 Observed one JS~~

#97 observed incomplete medication administration ^{written} policies to be incomplete, only providing policy for diagnosis of diabetes.

#102 observed benedryl on site, for child with diagnosed allergy
NO authorized prescriber/parent permission/MAR on site.

#104 observed benedryl on site, not labeled, not in original package.

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Signature: Jennifer Serra
(OEC Representative)

Print Name: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Joanna Darby
(Person in Charge)

OEC BY: 11.20.23

Print Name: Joanna Darby

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at West Woods License # 70502 Date: 11.6.23Observations/Corrections needed:Discuss

Staff punched in, on an app, for time sheet.
 Staff not signing in to program attendance
 Not able to observe accurate sign in/out records
 for staff.

- One epi-pen expires 11/23 (this month)

- Social service contract not visible (paper) H.T able
 to pull it up through email.

additional violation

#24 observed no ^{staff} with CPR certification during morning sessions

#25 observed no staff with current first aid certification during morning
 sessions

T.A.

- Closing policy reviewed with H.T, as staff not
 familiar with late pick-up policy

- Only 1 staff has current First Aid/CPR training.

Program may only use licensed space, gym, cafeteria
 and playground.

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Signature: Jennifer Sew
 (OEC Representative)

Print Name: Jen Sew

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: JoAnna Darby
 (Person in Charge)

OEC BY: 11.20.23

Print Name: JoAnna Darby