

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>9.14.23</u>	Time of Arrival: <u>3:25</u>
Address: <u>1908 Whitney Avenue</u>	Expiration Date: <u>8.31.27</u>	Licensed Capacity: <u>66</u>	
Town: <u>Hamden 06517</u>	Telephone: <u>203 817-4269</u>	# of children present: <u>32</u>	# of staff present: <u>4</u>
Operator: <u>Right at School, LLC</u>	Director: <u>Glenn Hutchinson</u>	Head Teacher: <u>Dean Tremaglio</u>	
Email: <u>glenn.hutchinson@rightatschool.com</u>	Summer Care: <u>closed</u>		
Hours of Operation: <u>M-F 7-8:34 3:24-6:00 pm</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: 9.28.21

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: 8.26.22
- 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	9	0
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: 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:

Jennifer Serra
Print Name: Jen Serra

Written Corrective Action Plan
Due to OEC by:

9.28.23

Signature of Person in Charge:

Dean Tremaglio
Print Name: Dean Tremaglio

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Days

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <u>Right at School at Spring Glen</u></p> <p>Physical Plant continued:</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) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <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) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <p>Outdoor Space</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>Educational Requirements 19a-79-8a</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>Administration of Medications 19a-79-9a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p>Self-Administration</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>License Number: <u>70499</u></p> <p>Date of Inspection: <u>9.14.23</u></p> <p>School Age Children Endorsement 19a-79-11</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>Monitoring of Diabetes 19a-79-13 <u>no child emergency</u></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 <u>Jennifer Serra</u></p> <p>Print Name: <u>Jen Serra</u></p>	<p>Written Corrective Action Plan Due to OEC by: <u>9.28.23</u></p>	<p>Signature of Person in Charge <u>Dean Tremaglio</u></p> <p>Print Name: <u>Dean Tremaglio</u></p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Spring Glen License # 70499 Date: 9.14.23

Observations/Corrections needed:

- #2 observed 2 out of 6 staff files without documentation of new hire orientation
- #4 observed 3 out of 10 student files missing documentation of ~~new hire~~ ^{DS} ~~one~~ behavior management techniques discussed with parents
- #9 observed fire marshal certificate more than 1 year
- #10 observed no OEC complaint procedure posted
- #13 observed no emergency plans posted
- #15a observed no developmental milestones posted
- #16 observed 1 staff file without adult medical statement and TB results
- #18b Staff present Unable to access BCIS roster
- #26 observed social service agreement to be more than 1 year
- #27 observed social service consultant log more than 1 yr.
- #32 } observed 3 student files to be missing
- #33 } enrollment information, emergency medical permission
- #34 } and authorized release
- #36 } and transportation permission
- #80 Program space on upper level (gym) observed to not have C.D. detector

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 Sena
(OEC Representative)

Print Name: Jen Sena

Signature: Dean Tremaglio
(Person in Charge)

Print Name: Dean Tremaglio

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 9.28.23

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Spring Glen License # 70499 Date: 9.14.23

Observations/Corrections needed:

Discussion

observed 1 staff hired 5/23 with TB result dated 2020 - more than 12 months prior to hire
Staff and student attendance records are not consistent, alternating between hand written and on line, difficult to determine if in compliance at this time
- Staff indicate they do not have access to many documents and records online, only program admin staff have access.

additional violation:

19a.74.39(a) operator failed to ensure safety and health of students when site/program manager was unable to access BRIS to ensure all staff working with children have current background checks

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Signature: Jennifer Serra
(OEC Representative)
Print Name: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Dean Tremaglio
(Person in Charge)
Print Name: Dean Tremaglio

OEC BY: 9.28.23