

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Bear Path Date: 9/23/21 Time: 7:31

Location Address: 10 Kirk Rd Hamden Telephone #: 203-817-1146

e-mail address: bearpath@rightat school.com License #: 70501 Expiration Date: 8-31-23

Capacity: 80 # of Children Present: 16 # of Staff Present: 3

**Consent to Inspect
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to Inspection dated 8/20/21

Observations/Corrections needed:

NS 19a-79-4a (c)(4)(A) staffing; proper ratios

Observed $\frac{14}{16}$ children with 3 staff members, in ratio

NS 19a-79-4a (c)(4)(D) staffing; supervision at all times

Observed 2 staff take ¹⁰ children to the gym, 1 staff stayed with the remaining students. Observed 1 staff member call for assistance to bring a student to the gym.

Discuss -

First Aid kits to be in all areas/classrooms where children are. Observed staff take students to the gym and return to retrieve a first Aid kit.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: Jennifer Serra
(OEC Representative)

Print Name: Jennifer Serra

Signature: _____
(Person in Charge)

Print Name: Samantha Gorley