

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

| | | | |
|--|--|------------------------------------|------------------------------|
| Program Name: <u>Right at School at Dunbar Hill</u> | License Number: <u>70500</u> | Date of Inspection: <u>11/1/21</u> | Time of Arrival: <u>9:16</u> |
| Address: <u>315 Lane St</u> | Expiration Date: <u>8-31-23</u> | Licensed Capacity: <u>43</u> | |
| Town: <u>Hamden</u> | Telephone: <u>203-617-1371</u> | # of children present: <u>27</u> | # of staff present: <u>6</u> |
| Operator: <u>Right at School, LLC</u> | Director: <u>Shannon Nolan</u> | Head Teacher: <u>- none</u> | |
| Email: <u>dunbarhill@rightatschool.com</u> | Summer Care: <u>Closed</u> | | |
| Hours of Operation: <u>M-F 7:00a-8:04, 2:00-6:00pm</u> | Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time | | |
| Ages Served: <u>5 yrs - 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/Staff

- 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 | 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: _____
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: Shannon Nolan Written Corrective Action Plan Due to OEC by: 11/15/21 Signature of Person in Charge: [Signature]