

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Right at School at Bear Path</u>	License Number: <u>70501</u>	Date of Inspection: <u>11.22.21</u> Time of Arrival: <u>3:40</u>
Address: <u>10 Kirk Road</u>	Expiration Date: <u>8.31.23</u>	Licensed Capacity: <u>80</u>
Town: <u>Hartford</u>	Telephone: <u>203-817-1146</u>	# of children present: <u>12</u> # of staff present: <u>3</u>
Operator: <u>Right at School, LLC</u>	Director: <u>Shannon Nolan</u>	
Email: <u>bearpath@rightatschool.com</u>	Head Teacher: <u>none</u>	
Hours of Operation: <u>Mon-Fri 7:00-8:34 and 3:34-6:00</u>	Summer Care: <u>open</u>	
Ages Served: <u>5 years-12 years</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: _____
- 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: 8/16/21
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	0	0
Health	✓	0
Social Service	✓	0
Dental	✓	0
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 (Y/N)
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 Peeling Paint (Y/N) Sample Taken (Y/N) Building Pre-78 (Y/N) Lead Test (Y/N) Results: _____
47. Lead Management Plan (Y/N)
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/Siak
53. Windows Protected to Prevent Falls
55. Overhead Doors Locking Devices/Spring Protectors (Y/N)
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 (Y/N)
69. Building/Equipment: Sanitary/Hazard Free
71. Hot Water/Steam Pipes Protected
72. Working Phone on Each Level

Signature of OEC Representative: Jen Serra / Fil Montance Written Corrective Action Plan Due to OEC by: 12/16/21 Signature of Person in Charge: Shannon Nolan

Print name: Jen Serra / Fil Montance Print name: Shannon Nolan

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Bear Path Date: 11-22-21 Time: 3:40

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

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

Capacity: 80 # of Children Present: 12 # 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: Addendum to Follow up Inspection dated 11-22-21

Observations/Corrections needed:

#24 CPR staff - upon review of attendance records, observed no CPR trained staff on site for 11 occasions since 11/11/21. This includes am and pm sessions.

#25 First Aid trained staff upon review of attendance records, observed no First aid trained staff on site for 11 occasions since 11/11/21. This includes am and pm sessions.

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: 12-6-21

Signature: Jennifer Serra
(OEC Representative)

Print Name: Jennifer Serra

Signature: emailed to bear path.
(Person in Charge)

Print Name: district manager and licensing specialist for Right at School.