

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>9-13-23</u> | Time of Arrival: <u>7:15</u> |
| Address: <u>10 Kirk Rd</u>                             | Expiration Date: <u>8-31-27</u>   | Licensed Capacity: <u>80</u>       |                              |
| Town: <u>Hamden, CT 06514</u>                          | Telephone: <u>203-817-7146</u>  | # of children present: <u>7</u>    | # of staff present: <u>2</u> |
| Operator: <u>Right at School, LLC</u>                  | Director: <u>Glenn Hutchinson</u>   |                                    |                              |
| Email: <u>glenn.hutchinson@rightatschool.com</u>       | Head Teacher: <u>Tecarra Peguese-Johnson</u>  |                                    |                              |
| Hours of Operation: <u>M-F 8:00-8:34, 3:24-6:00 pm</u> | Summer Care: <u>Closed</u>  |                                    |                              |
| Ages Served: <u>5-12 years</u>                         | Instruction Codes:<br>√ = Compliance/No violation found O = Non-compliance/Violation found<br>N/A = Not applicable at this time |                                    |                              |

**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/Staff

**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 | 0         | 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:

Jen Sew  
Print Name: Jen Sew

Written Corrective Action Plan  
Due to OEC by:

9-27-23

Signature of Person in Charge:

Elena Dares  
Print Name: Elena Dares

SCHOOL AGE ONLY INSPECTION FORM

|   |   |   |
|---|---|---|
| <p><b>Program Name:</b><br/><i>Right at School at Spring Glen</i></p>   | <p><b>License Number:</b><br/><i>70499</i></p>  | <p><b>Date of Inspection:</b> <i>9-13-23</i></p>                  |
| <p><b>Physical Plant continued:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><b>Outdoor Space</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free of Hazards</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Playground Protected</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><b>Educational Requirements 19a-79-8a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/<br/>Flexible/Meets Individual Needs<br/>Program Includes: Indoor/Outdoor, Gross/Fine<br/>Motor Skills, Snacks/Meals,<br/>Rest/Sleep/Quiet Time,<br/>Toileting and Clean Up</li> </ul> <p><b>Administration of Medications 19a-79-9a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p><b>Nonprescription Topical Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><b>Self-Administration</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> </ul> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul> | <p><b>School Age Children Endorsement 19a-79-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><b>Monitoring of Diabetes 19a-79-13</b> <i>no child enrolled</i></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul> |   |
| <p><b>Signature of OEC Representative</b><br/><i>Jennifer Sew</i></p>   | <p><b>Written Corrective Action Plan</b><br/>Due to OEC by:<br/><i>9-27-23</i></p>  | <p><b>Signature of Person in Charge</b><br/><i>Elia Daros</i></p> |
| <p>Print Name: <u><i>Jen Sew</i></u></p>  | <p>Print Name: _____</p>  |   |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Bear Path License # 70501 Date: 9.13.23

Observations/Corrections needed:

#2 observed 4 out of 5 staff, who have signed attendance records in past 8 work days to not have documentation of new hire orientation

#3 observed 5 out of 5 staff to not have documentation of annual review of policies, plans and procedures

#12 observed no menus posted

#16 observed 4<sup>hrs</sup> out of 5 staff files to not have documentation of professional development

8.27 staff unable to stay. Reviewed inspection report and documentation above.

Will send completed report to program director via email and usps mail.

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: Elia DeRos  
(Person in Charge)

OEC BY: 9.27.23

Print Name: Elia DeRos

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Bear Path License # 70501 Date: 9.13.23

Observations/Corrections needed:

- #44 observed 1 first aid kit, missing 1 ice pack
- #73 observed no emergency numbers to be posted near or adjacent to the phone
- #80 observed no Carbon Monoxide detector on lower level (gymnasium)
- #102 observed 1 medication on site without Authorized prescriber/parent permission available
- 19a.79.3(a) Operator failed to ensure the safety, health and development of children when no one had access to the BCIS roster and not all staff who have provided care to children in last 8 days, are included on the program BCIS roster.
- #19 observed staff attendance records to indicate the program head teacher has been present for 19.5 hours during last 8 days. Program has been open ~~30~~<sup>29.5</sup> hrs, requiring head teacher to be present 17.7 hrs.
- #7 observed 1 staff attendance sheet to not have dates indicated. observed 1 staff signed in, not signed in staff/operator failed to maintain accurate staff attendance records.

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

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 9.27.23

Signature: Scanned to Glenn Hutchinson  
(Person in Charge)  
Print Name: Area manager

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Bear Path License # 70501 Date: 9.13.23

Observations/Corrections needed:

- #18 b Observed 2 out of 5 staff with current background checks. Observed 3 staff, signed in to program in last 8 days to not be on the programs BCIS roster
- #26 observed no social service consultant agreement,
- #27 observed no documentation of social service consultant documentation of annual review of policies, plans, procedures and education programs
- #32 observed enrollment information for 2 out of 9 students present during inspection
- #33 observed emergency permission for 2 out of 9 students present during inspection
- #34 observed authorized release permission for 2 out of 9 files
- #36 observed transportation permission for 2 out of 9 students files
- #37 observed 2 out of 9 students to have child health records and immunization records
- #38 observed 3 care plans not signed by all staff responsible for care of child (children)
  - observed 1 care plan indicating administering benedryl. No authorized prescriber/parent permission. Operator and Staff unable to carry out care plan.
- #43 observed staff serve snack to children without requiring children to wash hands prior to eating

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Signature: Jennifer Serra  
(OEC Representative)

Print Name: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Scanned to Glenn Hutchinson  
(Person in Charge)

OEC BY: 9.27.23

Print Name: Area Manager

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Bear Path License # 70501 Date: 9.13.23

Observations/Corrections needed:

Discussion

First aid kit contains a minimal amount of tape and rolled gauze. The rolls of each have been used leaving small amount of each

New Director of Right at Schools Hamden has 1 year to obtain/complete the 3 credit course in administration and supervision of programs

one staff physical and TB results were observed on the staff persons personal phone, not in staff records

Conducted complete exit interview on 9.13.23 via phone conversation 10:46 am. Scanned copy to Right at School Area manager.

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

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: G. Scanned to Glenn Hutchinson  
(Person in Charge)  
Print Name: Area Manager

OEC BY: 9.27.23