

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Right at School at Ridge Hill</u>	License Number: <u>70541</u>	Date of Inspection: <u>1-19-22</u>	Time of Arrival: <u>4:16 pm</u>
Address: <u>120 Carew Rd</u>	Expiration Date: <u>8-31-24</u>	Licensed Capacity: <u>72</u>	
Town: <u>Hamden, CT 06517</u>	Telephone: <u>203-943-5938</u>	# of children present: <u>8</u>	# of staff present: <u>2</u>
Operator: <u>Right at School, LLC</u>	Director: <u>Shannon Nolan</u>	Head Teacher: <u>Natasha Canton</u>	
Email: <u>ridgehill@rightatschool.com</u>	Summer Care: <u>open</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time	
Hours of Operation: <u>M-F 7-8:34, 3:34-6:00</u>	Ages Served: <u>5 yrs - 12 yrs</u>		

Licensure Procedures 19a-79-2a

- 1. Local Health Inspection Date: 8-9-19
- 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: 8/18/21
- 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	✓	✓
Health	✓	✓
Social Service	✓	✓
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: _____
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: <u>Den Sera</u>	Written Corrective Action Plan Due to OEC by: <u>2/2/22</u>	Signature of Person in Charge: <u>Natasha Canton</u>
Print name: <u>Den Sera / Fil Montanyc</u>		Print name: <u>Natasha Canton</u>

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <i>Right at School at Ridge Hill</i></p>	<p>License Number: <i>70541</i></p>	<p>Date of Inspection: <i>1/19/22</i></p>
<p>Physical Plant continued:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input type="checkbox"/> 74. Adequate Lighting <input type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input type="checkbox"/> 76. Potentially Hazardous Substances Locked <input type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <p>Outdoor Space</p> <ul style="list-style-type: none"> <input type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input type="checkbox"/> 88. Impact Absorbing Material under Equipment <input type="checkbox"/> 89. Playground Free of Hazards <input type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input type="checkbox"/> 91. Lead Management Plan (Y/N) <input type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input type="checkbox"/> 93. Outdoor Playground Protected <input type="checkbox"/> 94. Drinking Water Available/Accessible <p>Educational Requirements 19a-79-8a</p> <ul style="list-style-type: none"> <input type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input 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 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 type="checkbox"/> 99. Administration/Parent Permission/MAR <input type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <input type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 103. Labeling/Storage <input type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p>Self-Administration</p> <ul style="list-style-type: none"> <input type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 106. Labeling/Storage <ul style="list-style-type: none"> <input type="checkbox"/> 107. Approved Petition For Special Med Authorization <p>Emergency Distribution of Potassium Iodide</p> <ul style="list-style-type: none"> <input type="checkbox"/> 108. KI Pill Parent Permission/Storage 	<p>School Age Children Endorsement 19a-79-11</p> <ul style="list-style-type: none"> <input type="checkbox"/> 143. Approved Endorsement <input type="checkbox"/> 144. Activity choices appropriate <input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input type="checkbox"/> 146. Group Size: Max. 20 Children <input type="checkbox"/> 147. Education Consultant Appropriate <p>Night Care Endorsement 19a-79-12 (10pm-5am)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Program Plan/Supervision <input type="checkbox"/> 150. Staff Awake/Available <input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input type="checkbox"/> 152. Individual Storage of Personal Items <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <p>Monitoring of Diabetes 19a-79-13</p> <ul style="list-style-type: none"> <input type="checkbox"/> 154. Written Policies/Procedures <input type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input type="checkbox"/> 156. Training Current/Documented <input type="checkbox"/> 157. Supervision of Self Administration <input type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input type="checkbox"/> 160. Materials Discarded Appropriately <input type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input type="checkbox"/> 163. Daily Written Parent Notifications 	
<p>Signature of OEC Representative <i>Jen Serra</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>2/2/22</i></p>	<p>Signature of Person in Charge <i>Natasha Contreras</i></p>
<p>Print Name: <i>Jen Serra / Fil Montanyc</i></p>	<p>Print Name: <i>Natasha Contreras</i></p>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Ridge Hill License # 70541 Date: 1.19.22Observations/Corrections needed:

#1 observed local health inspection to be more than two years old

#7 observed staff attendance records for dates of 1/3/22 - 1/19/22. On 1/11 observed staff not signed out, on 1/14 observed staff not signed out, on 1/18 observed 1 staff not signed out on 1/19 1 staff not signed out for a.m. session. On 1/3 observed 1 staff signed in at 3:10, second staff not signed in until 3:43. Program hours begin 3:34 pm. On 1/6 observed 1 staff signed in at 3 pm, second staff not signed until 3:45. On 1/10 ~~stan~~ observed 1 staff signed in at 6:34 and second staff signed in at 6:45. J.T.S.

#102 observed 1 medication order for emergency medication without parent authorization.

Discussion

- 1 child enrollment form not observed
- 1 child Physical not observed

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: Jen Sene / Fil Montzenye
(OEC Representative)
Print Name: Jen Sene / Fil Montzenye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/2/22Signature: Natasha Carter
(Person in Charge)
Print Name: Natasha Carter