Post for 30 Operating Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302 Hartford, CT 06103
Phone (800)-282-6063 Fax (860)-326-0552

CHILD CARE CENTER/GROUP INSPECTION FORM

☒ INITIAL ☐ UNANNOUNCED FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: RiverOak Academy	License Number: pending	Date of Inspection: 4/23/23	Time of Arrival: 11:00
Address: 795 Straits Tpke	Expiration Date: pending	Licensed Capacity: /	Under 3 Capacity: /
Town: Watertown	Telephone: 959-209-4484	# of children present: 0	# of staff present: 3
Operator: RiverOak Academy LLC	Director: Briana Nyari		
Email: ashley@riveroakacademy	Head Teacher: Bianca Santos		
Hours of Operation: 6:30-6:00	Summer Care: Open		
Ages Served: 6wks to 12	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		

Endorsements: ☒ Under Three (6wks - 36m) ☒ Preschool (3y - 5y) ☐ School Age (5y & up) ☐ Night Care (6wks & up)

Licensure Procedures 19a-79-2a
- ☑ 1. Local Health Date: 4/15/23

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: 5/26/23
- ☑ 10. OEC Complaint Procedure
- ☑ 11. Food Service Certificate Date: n/a
- ☑ 12. Menus
- ☑ 13. Emergency Plans
- ☑ 14. No Smoking Signs
- ☐ 15. Radon Test (Y/N) Date:_____ 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
- ☑ 21. Ratio: 1 Staff to 10 Children
- ☑ 22. Group Size: Maximum 20 Children
- ☑ 23. Designated Director/Training
- ☑ 24. CPR Certified Staff
- ☐ 25. First Aid Trained Staff

Consultants
- ☐ 26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	X	—
Health	√	√
Social Service	√	√
Dental	√	√
Dietitian	n/a	n/a

- ☑ 27. Logs/Visits Documented

Swimming: (Y/N)
- ☑ 28. Non-Swimmers Identified

Swimming cont.
- ☑ 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 Date:_____
  Bacterial/Chemical Test (Y/N) Date:_____
- ☑ 50. Walkways Maintained
- ☑ 51. Designated Staff Toilet/Sink
- ☑ 52. All Openings for Ventilation Screened
- ☑ 53. Windows Protected to Prevent Falls
- ☑ 54. Glass Protected to 36"
- ☑ 55. Overhead Doors Locking Devices/Spring Protectors
- ☑ 56. Exits/Hallways and Stairs Unobstructed
- ☑ 57. Individual Storage of Clothing/Bedding
- ☑ 58. Smoking Prohibited
- ☑ 59. Matches/Lighters Inaccessible
- ☑ 60. Electrical Safety: Outlets/Cords
- ☑ 61. Toileting Needs Met
- ☑ 62. Required Toilets/Sinks/Supplies
- ☑ 63. Potty Chairs: Nonporous/Emptied/Disinfected
- ☑ 64. Hand Washing After Toileting: Staff/Children
- ☐ 65. Ventilation in Toilet Room
- ☐ 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative:	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge:
Jaime Fortin	prior to license issued	
Print name: JaimeFortin		Print name: Ashley Follert

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: River Oak Academy

License Number: pending

Date of Inspection: 4/23/23

Physical Plant continued:

- ☑ 67. Water Temperature 60°-115°
- ☑ 68. Portable Space Heaters
- ☑ 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
- ☑ 70. Rugs Secure
- ☑ 71. Hot Water/Steam Pipes Protected
- ☑ 72. Working Phone on Each Level
- ☑ 73. Emergency Numbers Posted
- ☑ 74. Adequate Lighting: 50/30 Candle Feet
- ☑ 75. Light Fixtures Shielded/Shatter Proof
- ☑ 76. Potentially Hazardous Substances Locked
- ☑ 77. Garbage/Rubbish Disposed Daily
- ☑ 78. Stairs Protected/Good Repair/Handrails
- ☑ 79. Pets: Maintained/Care Plan (Y/N)
- ☑ 80. Operable CO Detector on Each Level (Y/N)
- ☑ 81. Program Space/Adequate Sq. Ft. Per Child
- ☑ 82. Equipment: Good Repair/Safe/Non-toxic
- ☑ 83. Cots Stored/Maintained/Adequate Number
- ☑ 84. Developmentally Appropriate Equipment/Materials
- ☑ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
- ☑ 86. No Weapons/No Facsimile of a Firearm on Premise

Outdoor Space

- ☑ 87. Outdoor Space Adequate Sq. Ft. Per Child
- ☑ 88. Impact Absorbing Material under Equipment
- ☐ 89. Playground Free from Hazards
- ☑ 90. Peeling Paint (Y/N) Sample Taken (Y/N)
- ☑ 92. Equipment Anchored/Safely Arranged
- ☑ 93. Outdoor Play Area Protected/Fenced
- ☑ 94. Drinking Water Available/Accessible

Educational Requirements 19a-79-8a

- ☑ 95. Written Plan for Daily Program Available to Parents/Staff
- ☑ 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

Administration of Medications 19a-79-9a

- ☑ 97. Written Policies/Procedures
- ☑ 98. Training Outline on file

Nonprescription Topical Medications

- ☑ 99. Administration/Parent Permission/MAR
- ☑ 100. Labeling/Storage

Oral/Topical/Inhalant/Injectable Medications

- ☑ 101. Med Trained Staff/Certificates
- ☑ 102. Authorized Prescriber/Parent Permission/MAR
- ☑ 103. Labeling/Storage
- ☑ 104. Unused/Expired Meds Returned/Disposed

Self-Administration

- ☑ 105. Authorized Prescriber/Parent Permission/MAR
- ☑ 106. Labeling/Storage

- ☑ 107. Approved Petition For Special Med Authorization

Under Three Endorsement 19a-79-10

- ☑ 109. Approved Endorsement
- ☑ 110. Ratio: 1 Staff to 4 Children
- ☑ 111. Group Size no Larger than 8
- ☑ 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
- ☐ 113. Adequate Sinks in Program Space
- ☑ 114. Free Standing/Well-Constructed/Safe Cribs
- ☑ 115. Washable Cots
- ☑ 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray
- ☑ 117. Dev. Appropriate Tables/Chairs/Equipment
- ☑ 118. Refrigerators and Food Prep Facilities
- ☑ 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
- ☑ 120. Washed/Disinfected
- ☑ 121. Disposable Paper Sheets
- ☑ 122. Covered Waste Receptacle
- ☑ 123. Diaper Changing Policy Posted
- ☑ 124. Hand Washing Policy Posted
- ☑ 125. Individual Storage of Personal Items
- ☑ 126. Cribs/Cots Washed/Disinfected
- ☑ 127. Under 12 Months Placed on Back for Sleeping
- ☑ 128. Alternate Sleep Position/Equip-Medical Document Y/N
- ☑ 129. Crib/Bed Used for Infant Sleeping
- ☑ 130. Crib/Bed Free from Observable Hazards
- ☑ 131. Infant Toys Separate/Washed/Disinfected Daily
- ☑ 132. No Toys/Objects Less than 1 ¼" Diameter
- ☑ 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
- ☑ 134. Health Consultant/Documentation of Visits
- ☑ 135. Infants Held for Bottles/Individual Attn/Tummy Time
- ☑ 136. Written Statement/Feeding Schedule from Parent
- ☑ 137. Unused Portions of Liquids Discarded
- ☑ 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
- ☑ 139. Food Served from Dish or Whole Jar Served
- ☑ 140. Bottles Individually Identified w/Child's Name

Outdoor Play Space-Under Three:

- ☑ 141. Play Space Fenced
- ☑ 142. Outdoor Equipment: Dev. Appropriate

School Age Children Endorsement 19a-79-11

- ☑ 143. Approved Endorsement
- ☑ 144. Activity choices appropriate
- ☑ 145. Ratio: 1 Staff to 10 Children
- ☑ 146. Group Size: Max. 20 Children
- ☑ 147. Education Consultant Appropriate

Night Care Endorsement 19a-79-12 (10pm-5am)

- ☐ 148. Approved Endorsement
- ☐ 149. Written Program Plan/Supervision
- n/a ☐ 150. Staff Awake/Available
- ☐ 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel
- ☐ 152. Individual Storage of Personal Items
- ☐ 153. Bedding/Sleeping Apparel Laundered Weekly

Monitoring of Diabetes 19a-79-13 n/a

- ☑ 154. Written Policies/Procedures
- ☑ 155. On Site Staff Trained in First Aid/Glucose Testing
- ☑ 156. Training Current/Documented
- ☑ 157. Supervision of Self Administration
- ☑ 158. Equipment/Supplies: Labeled/Inaccessible
- ☑ 159. Signed Agreement w/Parent Regarding Equipment
- ☑ 160. Materials Discarded Appropriately
- ☑ 161. Authorized Prescriber/Parent Permission
- ☑ 162. Documentation of Test Results/Actions Taken
- ☑ 163. Daily Written Parent Notifications

Signature of OEC Representative	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge
Jaime Foatin	prior to license issued	
Print Name: Jaime FOatin		Print Name: Ashley Follert

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: River Oak Academy License # pending Date: 6/23/23

Observations/Corrections needed:

Measurements:

Childrens toilets 5
sinks 10
Adult (upstairs 1/1

playground: 27.7 x 26.7 = 739.59 ÷ 75 = 9.8 9 children

Blacktop: 70 x 100 = 7,000 ÷ 75 = 93 93 children

Preschool:
20.5 x 26 533
9.1 x 12.2 111.02
644.02 ÷ 35 = 18.4
(18)

Toddler A
13.3 x 20.7 275.31
5.2 x 5.6 29.12
304.43 ÷ 35 = 8.6
(8)

Toddler B
27.1 x 17.5
311.65 ÷ 35 = 8.9
(8)

Infant A
21.2 x 15.4 326.24
5.1 x 2.1 10.71
336.95 ÷ 35 = 9.6
Requesting (8)

Infant B
21.6 x 11.3
3 x 14.7
288.18 ÷ 35 = 8.2
(8)

Infant/Toddler Motor Space - Not part of capacity 17.9 x 8.9
159.31 ÷ 35 = (4)

Total Capacity = 62
Under 3 Capacity = 44

Waddler A:
10.6 x 15
159 ÷ 35 = 4.5
(4)

Waddler B
18.8 x 16.7
303.94 ÷ 35 = 8.6
Req (8)

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: Jayne Fortin (OEC Representative)
Print Name: Jayne Fortin

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to license issued

Signature: (Person in Charge)
Print Name: Ashley Follett

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: RiverOak Academy License # pending Date: 6/23/23

Observations/Corrections needed:

Violations:

(4) Supervision, child protection, closing time, personnel policies, not complete per regulations

(15) Radon test not observed; not time of year.

(25) 1st Aid certificates not approved 1st Aid Course.

(24) Education Consultant Agreement-not observed.

(49) Lead water test not 1st drawn - kitchen sink.

(89) turf grass not installed on playground in some areas bunching up - creating tripping hazard! Blacktop - dumpster cars/trailer in space. Barrier needed.

(113) 1 room without sink in waddler room. Portable sink - will need local Health approval.

For Application: items needed still.
- Approval from DPH SAFER program
- Lead Inspection - Dust Wipes
- OEC Supervisor Approval

Discussed: Gross Motor space upstairs and additional childs bathroom.

all documents to be emailed to Laura.Fournier@ct.gov
CAP to Jaime.FOA.inc@ct.gov
reinspection scheduled for June 29, 2023.

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: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to license issued

Signature:
(Person in Charge)
Print Name: Ashley Follett