

**SCHOOL AGE ONLY INSPECTION FORM**

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>10-19-23</u>	Time of Arrival: <u>1:10</u>
Address: <u>120 Carew St</u>	Expiration Date: <u>3-3-24</u>	Licensed Capacity: <u>72</u>	
Town: <u>Hamden 06517</u>	Telephone: <u>203-993-5938</u>	# of children present: <u>10</u>	# of staff present: <u>2</u>
Operator: <u>Right at School, LLC.</u>	Director: <u>Glenn Hutchinson</u>	Head Teacher: <u>Natasha Cintron</u>	
Email: <u>glenn.hutchinson@rightatschool.com</u>	Summer Care: <u>closed</u>		
Hours of Operation: <u>M-F 7:00-8:35 am, 3:24-6:00 pm</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>5-12 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: 10-10-23  
 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: \_\_\_\_\_ 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	✓	✓
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: na  
 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>Jennifer Serra</u> Print Name: <u>Jen Serra</u>	Written Corrective Action Plan Due to OEC by: <u>10-3-23</u>	Signature of Person in Charge: <u>Natasha Cintron</u> Print Name: <u>Natasha Cintron</u>
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SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <i>Right at School at Ridge Hill</i></p> <p><u>Physical Plant continued:</u></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 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><u>Outdoor Space</u></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 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><u>Educational Requirements 19a-79-8a</u></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/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up</li> </ul> <p><u>Administration of Medications 19a-79-9a</u></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><u>Nonprescription Topical Medications</u></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><u>Oral/Topical/Inhalant/Injectable Medications</u></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><u>Self-Administration</u></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> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul>	<p>License Number: <i>70541</i></p> <p>Date of Inspection: <i>10-19-23</i></p> <p><u>School Age Children Endorsement 19a-79-11</u></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><u>Monitoring of Diabetes 19a-79-13</u> <i>no child enrolled</i></p> <ul style="list-style-type: none"> <li><input 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>
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<p>Signature of OEC Representative <i>Jennifer Serra</i></p> <p>Print Name: <u><i>Jen Serra</i></u></p>	<p>Written Corrective Action Plan Due to OEC by: <i>11-2-23</i></p>	<p>Signature of Person in Charge</p> <p>Print Name: <u><i>Watesha Cinton</i></u></p>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Ridge Hill License # 70541 Date: 10.19.23

Observations/Corrections needed:

- #1 Observed local health inspection to be more than 2 years
- #2 Observed 3 out of 5 staff files to not have documentation of new hire orientation
- #3 Observed 5 out of 5 staff files to not have documentation of annual review of policies, plans and procedures
- #17 Observed 5 out of 5 staff files to not include documentation of professional development in accordance with required <sup>annual</sup> hours
- #18 b Evidence of current/work supervised background checks/access to BCIS not available. During inspection Area manager sent an incomplete BCIS roster, upon request.
- #26 Current Social service consultant agreement not available during inspection. Area manager sent copy of <sup>current</sup> social service agreement upon request.
- #27 Social service log/documentation of policy, plans, procedures and education program review not available <sup>observed/</sup>
- #40 Observed staff provide snack to students consisting of 1 food group

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 Jen Serra  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Natasha Cintron  
(Person in Charge)  
Natasha Cintron

OEC BY: 11-2-23

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Ridge Hill License # 70541 Date: 10-19-23

Observations/Corrections needed:

# 80 observed C.O detector, in closet, not in working order and no C.O detector for gymnasium on lower level  
1 C.O. detector set up during visit

additional notation

19a.79.3a(e)(1-9) observed parent board to not be set-up, not visible to parents, staff. Head teacher opened board for inspection then returned it to corner after folding it up.

19a.79.4a (b)(c)(4)(D) supervision

observed a child exit the cafeteria and return without staff observing the student leave. Staff failed to properly supervise student when they were able to exit the cafeteria, unnoticed.

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Signature: Jennifer Serra Jen Serra  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11-2-23

Signature: Natasha Cinton  
(Person in Charge)  
Nataasha Cinton