

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Right at School at Dunbar Hill	1217-24 70454		3:25p
120 Carow St	70541		3.31.28
Hamden, CT	203-817-2309		Closed
Right at School LLC	# of Staff Present: 2	# over 3 Present: 0	# under 3 Present: 6
michelle.higgins@rightatschool.com	Total Capacity: 72	Total Under 3 capacity: 0	Ages Served: 5-12
Michele Higgins	M-F 7:00-8:30am 3:10-6:00pm		

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

LICENSURE PROCEDURES 7-1-2		STAFFING REQUIREMENTS	
1. (c)(8)	Local Health Inspection-Date: 11-8-23	19. (a)(1)	Staff health records
2. (a)	Ensuring health & safety of children	20. (a)(3)	Disciplinary actions
3. (b)	Overall management of program	21. (b)	Comprehensive Background Checks
4. (b)(6)	Employee orientation for new program staff	22. (b)(4)	Evidence of compliance
5. (b)(6)	Annual policy training for program staff	23. (d)	Adequate staffing
6. (b)(7)(A)	Child behavior management	24. (d)(1)	Designated head teacher-approved-60%
7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques	25. (d)(2)	Two staff present-age 18 or older
8. (b)(7)(C)	Child Protection	26. (d)(3)(A-C)	Personal qualities of staff
9. (b)(7)(E)	Mandated Reporting	27. (d)(4)(A)	RATIOS
10. (c)(1-4)	Notification of Change	28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
11. (d)(2)(A)	POLICIES-COMplete/IMPLEMENTED	29. (d)(6)	Mixed age group-ratios
12. (d)(2)(B-C)	Discipline policy	30. (d)(4)(D)	Nap time ratio
13. (d)(3)	Child Protection policy	31. (d)(5)	Supervision-Indoors/Outdoors
14. (d)(4)(A)	Closing time policy	32. (d)(5)(A)	GROUP SIZE
15. (d)(4)(B)	Medical emergency policy	33. (d)(5)(B)	Group Size-Indoors/Outdoors
16. (d)(5)	Multi-Hazards policy-annual drill	34. (e)(1)	Group Size-school age field trips/outdoors
17. (d)(6)	Supervision policy	35. (f)(1)	Mixed age group-group size
18. (d)(6)(C)	General Operating policies	36. (f)(2)	Designated director-training
19. (d)(7)	Administrative Oversight policy	37. (a)(2)	CPR certified program staff
20. (d)(7)	Personnel policies	38. (h)(1)(2)	First aid certified program staff
21. (d)(1)	Daily attendance-children/staff keep 1 yr.	39. (h)(1)(2)	PROFESSIONAL DEVELOPMENT
22. (f)	ACCESS	40. (4)(C)(ii-v)	Documentation
23. (h)	Immediate access by parents	41. (4)(C)(i)	Health & Safety training
24. (l)	Immediate access by OEC-facility/records	42. (e)(6)	1% annual hours
25. (m)	2.8 yr olds enrolled in preschool-authorization	43. (e)(6)	SWIMMING ACTIVITIES - Y/N
26. (n)	Motor vehicle laws-transportation	44. (i)(1)(A-D)	Swimming-Ratios
27. (o)	Capacity	45. (i)	Non-swimmers identified
28. (e)(1)	Respond to OEC-no false, misleading statements or documents	46. (i)(2)(A-H)	CPR certified staff-age 20 or older
29. (e)(2)	POSTINGS	47. (F)	Lifeguard-certified-supervising
30. (e)(3)	License posted	48. (i)(2)	CONSULTANTS
31. (e)(4)	OEC Complaint Procedure posted	49. (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (N/A)
32. (e)(5)	Menus posted		Consultant agreements-signed annually
33. (e)(6)	No Smoking posted signs at entrances		Agreements complete w/required services
	OEC Inspection report posted or available		Consultant logs-documented activities, observations and required services
	Developmental Milestones posted		Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	-
Health	✓	✓	-
Soc. Serv.	✓	0	✓
Dietitian	-	-	-



Right at School at Dunker Hill

70541

12/17/24

RECORD KEEPING 19a-79-74

PHYSICAL PLANT 19a-79-74 cont.

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. (a)(1)(D)(i) PARENT PERMISSIONS
- (a)(1)(D)(ii) Emergency medical permission
- (a)(1)(D)(iii) Authorized release permission
- (a)(1)(D)(iv) Field trip permission
- 38. (a)(2)(A-B) Transportation permission
- 39. (a)(2)(C) Child Health Records
- 40. (a)(2)(E) Immunization records
- 41. (a)(3)(A) Individual care plan-signed by parents/staff
- 42. (a)(3)(B) Injury, Illness, Incident, Accident reports
- 43. (a)(3)(C)(i-ii) Parent notification of illness or injury
- 44. (a)(3)(D) Notify OEC of serious injuries, fatality
- 45. (a)(4) Notify DPH, local health-reportable diseases
- Video recordings- keep 30 days

- 72. (d)(2)
- 73. (d)(3)
- 74. (d)(3)
- 75. (d)(4)
- 76. (d)(5)
- 77. (d)(6), (f)(3)
- 78. (d)(7)
- 79. (d)(8)
- 80. (d)(8)
- 81. (d)(9)
- 82.

- Walkways maintained
- Windows protected to prevent falls
- Window screens (Schl age only) N/A
- Glass and mirrors protected to 36"
- Overhead doors-locking devices, spring protectors N/A
- Exits, stairs, hallways unobstructed
- Individual storage of clothing/bedding
- Smoking or vaping prohibited on premises/grounds
- Matches/lighters inaccessible
- Electrical safety-outlets inaccessible -covered or protected (Schl age only) N/A

HEALTH and SAFETY 19a-79-61

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection N/A
- 51. (a)(6) Kitchen-clean, safe storage of food/supplies
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (Schl age only) N/A
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- 60. (c) FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
- 61. (d) FIRST AID SUPPLIES-addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags

- 83.
- 84.
- 85.
- 86.
- 87.
- 88.
- 89.
- 90.
- 91.
- 92.
- 93.
- 94.

- (d)(10)(A)
- (d)(10)(B)
- (d)(10)(C)
- (d)(10)(C)
- (d)(10)(D)
- (d)(10)(E)
- (d)(10)(E)
- (d)(10)(F)
- (d)(10)(G)
- (d)(10)(H)
- (d)(11)
- (e)(1)
- (e)(1)
- (e)(2)
- (e)(3)
- (e)(4)
- (e)(5)
- (e)(5)
- (e)(6)
- (e)(7)
- (e)(7)
- (e)(7)
- (e)(8)
- (e)(9)

- TOILETING**
- Shared toilets/sinks-supervision plan
- Toileting needs met
- Potty chairs-nonporous, emptied, disinfected
- Required toilets/sinks-1:16
- Required toilets/sinks-1:25 Schl age only
- Toileting Supplies-Hand drying-Garbage
- Handwashing staff/children
- Toilets/sinks located-at the facility or licensed premises
- Well lighted/ventilated toilet rooms
- Mechanical ventilation (Grp Homes N/A)
- Staff personal articles inaccessible
- AIR TEMPERATURE**
- Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only) N/A
- Air temp <65°F comfortable (Schl age only) N/A
- Air temp > 80 °F - ↑ fluids/ventilation
- Water temperature 60 °F - 120 °F
- Portable space heaters prohibited
- Walls/ceilings/floors/rugs-clean/good repair
- Rugs- not tripping/slipping hazard
- Hot water/Steam pipes protected
- Working phone on each level
- Emergency numbers posted-adjacent to phones
- Parents provided direct on site phone number
- LIGHTING**
- All areas min. 1 foot candle of lighting
- Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
- Schl age only-lighting for comfort
- Light fixtures shielded/shatter proof
- Potentially hazardous substances, materials - labeled, inaccessible
- Garbage/rubbish-disposed of daily, containers in good repair
- Stairs-protected/good repair-handrails
- Toxic plants/materials inaccessible
- Pets or other animals-in good health, written care plan including access to children
- Prevention of vermin-openings screened
- Radon test- Results: _____ N/A
- Results posted-Date: _____ (Schl N/A) N/A
- Carbon monoxide detector-each level
- Program space-adequate-35 sq. ft. per child
- Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
- Air conditioners, water heaters, fuse boxes inaccessible
- Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-76

- 62. (a)(2) Fire marshal codes/certificate 8824
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) N/A
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools) N/A
- (c)(5)(B) Lead Water Test - Date: NA N/A
- (c)(5)(C) Bact./Chem Test-Date: NA N/A
- 70. (c)(6)(A) Drinking water available/accessibile
- (c)(6)(A) LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78 Y/N Lead Test Y/N
- (c)(6)(B-D) Results no lead identified
- (c)(6)(B-D) Lead Management Plan NA
- 71. (d)(1) Emergency vehicle access

- 95.
- 96.
- 97.
- 98.
- 99.
- 100.
- 101.
- 102.
- 103.
- 104.
- 105.
- 106.
- 107.



CHILD CARE CENTER AND GROUP CHILD CARE HOME INSPECTION FORM - 19a-79-10

PROGRAM NAME: Right at School at Dunbar Mill ID: 70541 DATE OF INSPECTION: 12/17/20

PHYSICAL PLANT 19a-79-7a cont. **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-slug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft lic. after 1/1/25 Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input type="checkbox"/> 130.	<input type="checkbox"/> (f)(2)	
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm	<input type="checkbox"/> 131.	<input type="checkbox"/> (f)(3)	
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE	<input type="checkbox"/> 132.	<input type="checkbox"/> (f)(4)	
<input checked="" type="checkbox"/> (h)(1)		Adequate space- 75 sq. ft. per child	<input type="checkbox"/> 133.	<input type="checkbox"/> (g)(1)	
<input checked="" type="checkbox"/> (h)(2)		Shock absorbing surfaces-minimum 8"	<input type="checkbox"/> 134.	<input type="checkbox"/> (g)(1)	
<input checked="" type="checkbox"/> (h)(3)		Playground free from hazards	<input type="checkbox"/> 135.	<input type="checkbox"/> (g)(2)	
<input checked="" type="checkbox"/> (h)(4)		Nuts, bolts, screws-tight, covered/protected	<input type="checkbox"/> 136.	<input type="checkbox"/> (g)(3)	
<input checked="" type="checkbox"/> (h)(5)		Outside equipment anchored-anchors buried	<input type="checkbox"/> 137.	<input type="checkbox"/> (g)(4)	
<input checked="" type="checkbox"/> (h)(6)		New equip- cert playg. Inspection upon request	<input type="checkbox"/> 138.	<input type="checkbox"/> (g)(5)	
<input checked="" type="checkbox"/> (h)(8)		Drinking water available/accessible	<input type="checkbox"/> 139.	<input type="checkbox"/> (g)(6)	
<input checked="" type="checkbox"/> (h)(9)		Equipment arranged for safety-equip/fences/structures not hazardous		<input type="checkbox"/> (g)(7)	
<input checked="" type="checkbox"/> 112.	(h)(7)	OUTDOOR PROTECTED/FENCING		<input type="checkbox"/> (g)(8)	
<input checked="" type="checkbox"/> 113.	(h)(7)(A)	Playground protected from traffic, water, gullies or other hazards		<input type="checkbox"/> (h)(1)	
<input checked="" type="checkbox"/> 114.	(h)(7)(B)	Fences installed to protect from hazards-4 ft		<input type="checkbox"/> (h)(1)	
	(h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks		<input type="checkbox"/> (h)(2)	
	(i)	Rooftop play areas-6 ft. wall/barrier		<input type="checkbox"/> (h)(2)	
	(i)	WATER HAZARDS		<input type="checkbox"/> (i)(1)(2A-C)	
	(i)	Pools, swimming areas-		<input type="checkbox"/> (j)	
	(i)	conforms to 19-13-B33b and 19a-36-B61		<input type="checkbox"/> (k)(1)	
	(i)	Wading pools prohibited		<input type="checkbox"/> (k)(2)	
	(i)	Hot tubs/spas/saunas-locked/inaccessible		<input type="checkbox"/> (k)(3)	

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(b)	EDUCATIONAL REQUIREMENTS Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

117.	(b)	Approved Under 3 Endorsement
118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
120.	(c)(4)	Physical barriers- indoors/outdoors
121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
122.	(d)(2)(A-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
123.	(d)(2)(B)	Washable cots
124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
126.	(d)(2)(E)	Refrigerator and food prep facilities
127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
128.		DIAPERING
	(e)(1)	Diaper area: elevated/sturdy/safety rail
	(e)(2)	Diaper area: used only for this purpose, located in the program area
	(e)(3)	Diaper area: non-porous surface/good repair
	(e)(4)	Diaper area: washed/disinfected after use
	(e)(5)	Diaper area: disposable paper sheets
	(e)(6)(9)	Covered waste receptacle-removed daily
	(e)(7)	Handwashing-staff/children
	(e)(8)	Diapering-Handwashing policies-posted/followed
	(e)(10)(A-C)	Cloth diapers-written plan developed

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	(c)	SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/> 142.	(c)(1)	Activities not a duplication of child's day
	(c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
	(d)	Ratio- 1:15
	(e)	Group size- max. 30
	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
	(g)	Head teacher approved- 60%

Right at School at Dubar Hill

70541

12/17/24

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input type="checkbox"/>	153.		SLEEP PROVISIONS
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled
<input type="checkbox"/>		(b)(6)(B)	Required bedding
<input type="checkbox"/>		(b)(6)(C)	Required toiletries
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified
<input type="checkbox"/>	156.	(b)(10)	Local health approval

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	172.		STAFF TRAINING
<input checked="" type="checkbox"/>		(b)(1)(A)	Staff training – first aid
<input checked="" type="checkbox"/>		(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/>		(i)-(iii)	Training updated at least every 3 years
<input checked="" type="checkbox"/>		(b)(2)	Written documentation of training
<input checked="" type="checkbox"/>		(b)(3)	Trained staff on site when child is present
<input checked="" type="checkbox"/>		(c)(2)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>		(c)(3)	Equipment provided by parents
<input checked="" type="checkbox"/>	173.	(d)(1)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	174.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	175.	(d)(3)	Authorized prescriber written order
<input checked="" type="checkbox"/>	176.	(e)(1)	Written authorization from parent
<input checked="" type="checkbox"/>	177.	(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>	178.	(e)(3)	
<input checked="" type="checkbox"/>	179.		

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.		NONPRESC. TOPICAL MEDICATION
<input checked="" type="checkbox"/>		(a)(2)	Admin/Parent permission/report errors
<input checked="" type="checkbox"/>		(a)(3)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/>		(a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.		MEDICATION TRAINING
<input checked="" type="checkbox"/>		(b)(1)(A/C)	Medication training-general-oral/top/inhalant
<input checked="" type="checkbox"/>		(b)(1)(D)	Injectable premeasured autoinjector medication
<input checked="" type="checkbox"/>		(b)(1)(E)	Rectal medication
<input checked="" type="checkbox"/>		(b)(1)(F)	Injectable other than premeasured auto-injector
<input checked="" type="checkbox"/>		(b)(2)(A-B)	Training approval documents/certificates
<input checked="" type="checkbox"/>		(b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
-------------------------------------	------	---	--

DISCUSSIONS - COMMENTS

• Keeping of CO detector with battery issue
 • use of outdoors to accommodate all students enrolled
 • new regs
 - Required components for education+ health consultants per new regs by 1/1/25
 - Policies, Plans + Procedures to include new required policies by 1/1/25
 - all health+ safety training to be completed by 4/1/25 and then all new staff to have training within 3 months of employment.
 - new complaint procedure with current staff that is in charge

SIGNATURE OF OEC STAFF	Jen Schultz / Fil Montanye
PRINTED NAME	Jen Schultz / Fil Montanye

SIGNATURE OF PERSON IN CHARGE	Capricia Hopkins / Janiya Woods
PRINTED NAME	Capricia Hopkins / Janiya Woods

CT DIVISION OF LICENSING
 1 Columbus Blvd, Suite 302, Hartford, CT 06103
 Hp Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available
 Written Corrective Action Plan
 Due by: 12/31/24
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Dunbar Hill License # 70541 Date: 12-17-24Observations/Corrections needed:Program not in compliance with:

#12(d)(1) daily staff attendance in complete when on 6 occasions dated 11/13, 11/15, 11/22, 12/6, 12/16, 12/13 staff sign in documentation of ^{only} one staff present.

on multiple occasions between 12/12, 12/13 + 12/16 + 12/10 observed staff not signing out

#24(d)(1) Designated head teacher approved for 60% of the time when no head teacher or interim plan on site

#30(e)(1) Designated director training for director hired over 1 year ago not observed

#31(f)(1) no first Aid + CPR trained staff on site

#32(f)(2)

#35(F) logs for consultants when log for social service of review of policies, plans + procedures and ^{education} program plan not reviewed for current year.

#40(a)(2)(E) Individual Care Plans when 2 care plans not signed by all staff responsible for childrens care 1 care plan does not include medication on site with medication order

#16(b)(3)(A-B) Authorized prescriber when 1 order is on school personnel form and same order is incomplete when ~~to~~ ^{to} prescriber did not check off if medication is a controlled substance

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 Schultz / Fel Montanye
(OEC Representative)

Print Name: Jen Schultz / Fel Montanye

Signature: Janiya Woods / Capricia Hopkins
(Person in Charge)

Print Name: Janiya Woods / Capricia Hopkins

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/31/24

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Ridge Hill License # 70541 Date: 12-17-24

Observations/Corrections needed: Program not in compliance with:

#25- P (PM) 2 staff present when at least 5 occasions (PM) 6
staff attendance record shows only one staff present (see dates under #12 of violations)
Per staff, Fridays (PM) (PM) 2nd staff. ~~not site~~ (PM) ~~being hired there were several Fridays where~~ ^{do member not present due to schooling.}
she was by herself and on few mornings only one staff was present. Staff confirmed during exit interview 1 staff reported to working alone on multiple mornings until second staff hired on 10/17.

Program may only use licensed space for care program's licensed space is cafeteria, gym and playground. Other spaces/locations in Ridge Hill have not been inspected, approved and licensed.

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: Jan Schulz / Felmutz
(Print Name: Jan Schulz / Felmutz) (PM) (PM)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Janice Woods / Capricia Hopkins
(Print Name: Janice Woods / Capricia Hopkins) (PM)

OEC BY: 12/31/24