

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

Right at School at Dunbar Hill  
315 Lane St  
Hamden CT 06514  
Bynt at School LLC  
michelle.higgins@rightatschool.com  
michelle.higgins

12-5-24  
70500  
203-817-1371  
3:20  
8:3-27  
closed

# of Staff Present:	1	# over 3 Present:	0	# under 3 Present:	7
Total Capacity:	43	Total Under 3 capacity:	0	Ages Served:	5-12 yrs

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

**LICENSURE PROGRAMS**

1. (c)(8) Local Health Inspection-Date: 10-3-23

**REGULATORY REQUIREMENTS**

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMplete/IMPLEMENTED**
  - (d)(2)(A) Discipline policy
  - (d)(2)(B)-C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
  - (e)(1) License posted
  - (e)(2) OEC Complaint Procedure posted
  - (e)(3) Menus posted
  - (e)(4) No Smoking posted signs at entrances
  - (e)(5) OEC Inspection report posted or available
  - (e)(6) Developmental Milestones posted

**STAFFING and CONSULTANTS**

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. **RATIOS**
  - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
  - (d)(4)(B) Mixed age group-ratios
  - (d)(6) Nap time ratio
  - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. **GROUP SIZE**
  - (d)(5) Group Size-Indoors/Outdoors
  - (d)(5)(A) Group Size-school age field trips/outdoors
  - (d)(5)(B) Mixed age group-group size
- 30. (e)(1) Designated director-training
- 31. (f)(1) CPR certified program staff
- 32. (f)(2) First aid certified program staff
- 33. **PROFESSIONAL DEVELOPMENT**
  - (a)(2) Documentation
  - (h)(1)(2) Health & Safety training
  - (h)(1)(2) 1% annual hours
- 34. **SWIMMING ACTIVITIES - Y/N**
  - (4)(C)(ii-v) Swimming-Ratios
  - (4)(C)(i) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- 35. **CONSULTANTS**
  - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
  - (i) Consultant agreements-signed annually
  - (i)(2)(A-H) Agreements complete w/required services
  - (F) Consultant logs-documented activities, observations and required services
  - (i)(2) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	0	✓
Health	✓	0	✓
Soc. Serv.	✓	0	
Dietitian	N/A		

NAME: Bright at School at Dunbar Hill

70500

12-5-24

RECORDS

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

HEALTH and SAFETY 19a-79-6a

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

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>8-8-24</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input type="checkbox"/> (c)(5)(A) <input type="checkbox"/> (c)(5)(B) <input type="checkbox"/> (c)(5)(C)	<b>WATER SUPPLY</b> - Public/Well (Schools) (N/A) Lead Water Test - Date: _____ Bact./Chem Test-Date: _____ N/A
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	<b>LEAD PAINT</b> - Peeling Paint - Y/ <input checked="" type="checkbox"/> Inside/Outside Building Pre-78 <input checked="" type="checkbox"/> Y/ <input checked="" type="checkbox"/> N Lead Test <input checked="" type="checkbox"/> Y/ <input checked="" type="checkbox"/> N Results _____ Lead Management Plan _____
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only) (N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors N/A
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		<b>TOILETING</b>
<input checked="" type="checkbox"/> (d)(10)(A)		Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> (d)(10)(B)		Toileting needs met
<input checked="" type="checkbox"/> (d)(10)(C)		Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> (d)(10)(C)		Required toilets/sinks-1:16
<input checked="" type="checkbox"/> (d)(10)(D)		Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> (d)(10)(E)		Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> (d)(10)(E)		Handwashing staff/children
<input checked="" type="checkbox"/> (d)(10)(F)		Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> (d)(10)(G)		Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> (d)(10)(H)		Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> (d)(11)		Staff personal articles inaccessible
<input checked="" type="checkbox"/> (e)(1)		<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/> (e)(1)		Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only) (N/A)
<input checked="" type="checkbox"/> (e)(2)		Air temp <65°F comfortable (Schl age only) (N/A)
<input checked="" type="checkbox"/> (e)(3)		Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> (e)(4)		Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> (e)(5)		Portable space heaters prohibited
<input checked="" type="checkbox"/> (e)(5)		Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> (e)(6)		Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> (e)(7)		Hot water/Steam pipes protected
<input checked="" type="checkbox"/> (e)(7)		Working phone on each level
<input checked="" type="checkbox"/> (e)(7)		Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> (e)(7)		Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(8)		<b>LIGHTING</b>
<input checked="" type="checkbox"/> (e)(9)		All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> (e)(9)		Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(10)		Schl age only-lighting for comfort
<input checked="" type="checkbox"/> (e)(11)		Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(12)		Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> (e)(13)		Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (e)(14-15)		Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (e)(16)		Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (e)(17)		Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> (e)(18)		Prevention of vermin-openings screened
<input checked="" type="checkbox"/> (f)(1)(A)		Radon test- Results: _____ (N/A)
<input checked="" type="checkbox"/> (g)(1)		Results posted-Date: _____ (Schls) (N/A)
<input checked="" type="checkbox"/> (g)(2)		Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> (g)(3)		Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> (g)(4)		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

**CHILD CARE CENTER**

PROGRAM NAME: Point at School at Dunbar Hill

70500

12-5-24

**PHYSICAL PLANT 19a-79-7g 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 checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		<b>OUTDOOR SPACE</b>
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert play. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		<b>OUTDOOR PROTECTED/FENCING</b>
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>	113.	(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>	114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
<input checked="" type="checkbox"/>			<b>WATER HAZARDS</b>
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible N/A

<input type="checkbox"/>	129.	(f)(1)
<input type="checkbox"/>		(f)(2)
<input type="checkbox"/>		(f)(3)
<input type="checkbox"/>		(f)(4)
<input type="checkbox"/>	130.	(g)(1)
<input type="checkbox"/>		(g)(1)
<input type="checkbox"/>		(g)(1)
<input type="checkbox"/>		(g)(2)
<input type="checkbox"/>		(g)(3)
<input type="checkbox"/>		(g)(4)
<input type="checkbox"/>		(g)(5)
<input type="checkbox"/>		(g)(6)
<input type="checkbox"/>		(g)(7)
<input type="checkbox"/>		(g)(8)
<input type="checkbox"/>	131.	(h)(1)
<input type="checkbox"/>	132.	(h)(1)
<input type="checkbox"/>	133.	(h)(2)
<input type="checkbox"/>	134.	(h)(2)
<input type="checkbox"/>	135.	(i)(1)(2A-C)
<input type="checkbox"/>	136.	
<input type="checkbox"/>		(j)
<input type="checkbox"/>		(k)(1)
<input type="checkbox"/>		(k)(2)
<input type="checkbox"/>		(k)(3)
<input type="checkbox"/>		(k)(4)
<input type="checkbox"/>		(k)(5)
<input type="checkbox"/>	137.	(l)(1)
<input type="checkbox"/>	138.	(l)(2)
<input type="checkbox"/>	139.	(l)(3)

<b>LINENS/CLOTHING</b>
Linens/emergency clothing available
Linens washed weekly or as needed
Linens/clothing stored individually
Cribs/cots cleaned-linens changed when shared
<b>SAFE SLEEP</b>
Under 12 mths placed on back for sleeping
Crib-snug 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
<b>FEEDING</b>
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

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	116.	(g)	<b>EDUCATIONAL REQUIREMENTS</b>
<input checked="" type="checkbox"/>		(1)-(11)	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
<input checked="" type="checkbox"/>		(b)	Limited access to screen time/video games

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

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

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

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
<input checked="" type="checkbox"/>	142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>		(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	143.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/>	144.	(f)	Group size- max. 30
<input checked="" type="checkbox"/>	145.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	146.		Head teacher approved- 60%

**CHILD CARE CENTER/SCHOOL CHILD CARE HOME INSPECTION**

PROGRAM NAME: Bright at School at Dunbar Hill NUMBER: 70500 DATE OF INSPECTION: 12-5-24

**NIGHT CARE ENDORSEMENT 19a-79-12 (from 4a) Y/N**      **MONITORING OF DIABETES**

<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172.		<b>STAFF TRAINING</b>
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		<input checked="" type="checkbox"/> (b)(1)(A)	Staff training – first aid
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation		<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24		<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available		<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>		<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)		Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A)		Sleeping apparel/toiletries labeled			Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)		Required bedding	<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)		Required toiletries	<input checked="" type="checkbox"/> 175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)		Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 176.	(d)(3)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)		Sleep arrangements for infants			Written authorization from parent
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 177.	(e)(1)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/> 178.	(e)(2)	
<input type="checkbox"/> 156.	(b)(10)	Local health approval	<input checked="" type="checkbox"/> 179.	(e)(3)	

**ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N**      **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions	N/A
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				

**DISCUSSIONS - COMMENTS**

<input checked="" type="checkbox"/> 159.	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors	<p><b>NONPRESC. TOPICAL MEDICATION</b> Labeling and Storage Unused/expired meds destroyed/returned</p> <p><b>MEDICATION TRAINING</b> Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file</p> <p>(b)(3)(A-B) Authorized prescriber/parent permission (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification</p> <p>(b)(4)(A-B) Medication Administration Records (MAR) (b)(5)(A-B) Labeling and Storage (b)(5)(C) Emergency medication inaccessible (b)(5)(D) Unused/Expired meds-destroyed/returned (b)(5)(E) Auto-injector/inhalant equipment (b)(6) Self-administration documentation (b)(7)(A-B) Petition for special medication authorization (d) Potassium Iodide (KI) emergency distribution-permission and storage <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span></p>			
<input checked="" type="checkbox"/> 160.	<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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>				

<b>SIGNATURE OF OEC STAFF</b>	<i>Jennifer Schultz</i>	<i>Natalie Shaw</i>	<b>SIGNATURE OF PERSON IN CHARGE</b>
<b>PRINTED NAME</b>	Jen Schultz	Natalie Shaw	PRINTED NAME

OEC DIVISION OF LICENSING  
450 Columbus Blvd, Suite 302, Hartford, CT 06103  
Help Desk: (800)282-6063 or (860)500-4450  
Website: [www.ctoec.org/licensing](http://www.ctoec.org/licensing) Email: [oec.licensing@ct.gov](mailto:oec.licensing@ct.gov)

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 12-18-24

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ryght at School at Dunbar Hill License # 70500 Date: 12.5.24

## Observations/Corrections needed:

#25 program was not in compliance with regulation requiring two staff present when students were present with one staff member for 3 minutes, until second staff arrived

#35 (f) program was not in compliance with the requirement to maintain current consultant logs with documentation of activities and required services for the Education and social service consultants.

#40 observed two med orders requiring the use of spacers  
Case plans observed to be incomplete, without indication of use of spacer with inhalers.

Reviewed new regulations  
discussed emergency plans, consultant required services  
daily plans/activities posted for staff and parents

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  
(OEC Representative)Print Name: Jen Schultz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Natalie Shaw  
(Person in Charge)OEC BY: 12.19.24Print Name: Natalie Shaw