

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <b>HAPPY LITTLE FACES CHILD CARE CENTER</b>	License Number: <b>Pending</b>	Date of Inspection: <b>8/18/22</b>	Time of Arrival: <b>8:30</b>
Address: <b>75 Zion St.</b>	Expiration Date: <b>Pending</b>	Licensed Capacity: <b>-</b>	Under 3 Capacity: <b>-</b>
Town: <b>Hartford, CT 06106</b>	Telephone: <b>860-890-1444</b>	# of children present: <b>-</b>	# of staff present: <b>-</b>
Operator: <b>Happy Little Faces LLC</b>	Director: <b>Martha Ramirez</b>	Head Teacher: <b>Karaliz Feliciano</b>	
Email: <b>andreiita_46@hotmail.com</b>	Summer Care: <b>Open</b>	Instruction Codes: N/A = Not applicable at this time ✓ = Compliance/No violation found O = Non-compliance/Violation found	
Hours of Operation: <b>7:00 am - 5:00 pm</b>	Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input type="checkbox"/> Preschool (3y - 5y) <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		
Ages Served: <b>6 weeks - 5 years</b>			

**Licensure Procedures 19a-79-2a**

1. Local Health Date: **3/25/22**

**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: **3/31/22**
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: **-**
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: **1/6/22** Results: **0.5pCi/l**
- 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	✓	
Health	✓	
Social Service	✓	
Dental	✓	
Dietitian	-	-

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: **Ruth to opening**

Signature of Person in Charge:

Print name: **Johanne Dalo**

Print name: **Martha Ramirez**

### CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Happy Little Faces Child Care Center License Number: Pending Date of Inspection: 8/18/22

**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)
- 91. Lead Management Plan (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

**Emergency Distribution of Potassium Iodide**

- 108. KI Pills Parent Permission/Storage

**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 1/4" 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
- 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**

- 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: [Signature] Written Corrective Action Plan Due to OEC by: None to opening Signature of Person in Charge: [Signature]

Print Name: Shanice D. Williams Print Name: Martha Ramirez

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Happy Little Faces Child Care Center License # Pending Date: 8/18/22

Observations/Corrections needed:

- #6 Incomplete policies was observed
- #13 Emergency Plans not accessible to parent
- #15 Fire/Drill Test not posted
- #15a Developmental Milestones not posted
- #39 Observed no illness report
- #44 Observed first aid manual older than 5 years
- #66 Observed 4 classroom without thermometer affixed
- #82 Observed water cooler not secured, foam accessible to children (inf 1). 1 rusted microwave, 6 shelves not secured and porous surface next to sink in 1 room
- #76 Observed cleaning supplies not locked in storage
- #89 Observed plants accessible to children and large holes
- #123 Diaper Changing Policy not posted in 2 classroom.

All items on the inspection were observed and/or discussed.

- Toilets 3
- Sinks 6
- 1 staff bathroom

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: [Signature]  
(OEC Representative)

Print Name: Shanne Dale / Shanne Dale

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: Prim to opening

Print Name: Moutha Ramirez

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Happy Little Faces Child Care Center License # Pending Date: 8/18/22

Observations/Corrections needed:

Measurements

$$\text{Infant (Room 1)}: (9.75 \times 25.25) + \overset{\text{shelf}}{(2.33 \times 1)} + \overset{\text{shelf}}{(2.33 \times 1)} + \overset{\text{wall}}{(5 \times 0.58)}$$

$$246.19 \qquad 2.33 \qquad 2.33 \qquad 2.9$$

$$253.75 - \overset{3.43}{\underset{\text{fridge}}{(1.58 \times 2.17)}} = 250.32 \div 35 = 7.15$$

ok for 7 children

$$\text{Infant (Room 2)}: (10.08 \times 25.25) + \overset{\text{wall}}{(9.33 \times .67)} + \overset{\text{shelf}}{(1 \times 2.33)} + \overset{\text{wall}}{(3.42 \times .67)}$$

$$254.52 + 6.25 + 2.33 + 2.29$$

$$265.39 - \overset{\text{fridge}}{(1.58 \times 2.17)} - \overset{\text{shelf}}{(1 \times 4.25)} = 257.71 \div 35 = 7.3$$

$$3.43 \qquad 4.25$$

ok for 7 children

$$\text{Toddler (Room 3)}: (10.08 \times 25.25) + \overset{\text{shelf}}{(1 \times 4.33)} - \overset{\text{fridge}}{(1.58 \times 2.17)} =$$

$$254.52 \qquad 4.33 \qquad 3.43$$

$$255.42 \div 35 = 7.29$$

ok for 7 children

$$\text{Toddler (Room 4)}: (13.42 \times 30.08) - \overset{\text{wall}}{(2.33 \times .25)} - \overset{\text{wall}}{(2.33 \times .25)} - \overset{\text{frid.}}{(1.58 \times 2.17)}$$

$$403.67 \qquad .58 \qquad .58 \qquad 3.43$$

$$399.08 \div 35 = 11.40$$

ok for 8 children

$$\text{Preschool (Room 5)}: (19.08 \times 30.08) - \overset{\text{wall}}{(2.58 \times 0.8)} - \overset{\text{frid}}{(1.58 \times 2.17)} =$$

$$573.93 \qquad - \qquad 2.07 \qquad - \qquad 3.43$$

$$568.43 \div 35 = 16.24$$

ok for 16 children

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Signature: [Signature]  
(OEC Representative)  
Print Name: Johanne Dato

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)  
Print Name: Martha Ramirez

OEC BY: Prin to opening.

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Happy Little Foxes Child Care Center License # Pending Date: 8/18/22

Observations/Corrections needed:

Playground measurement

$(34.33 \times 36.5) = 1,253.045 \div 75 = 16.70$

OK for 16 children

Capacity 45 including 29 under 3

Still Needed:

- Consultant data sheet
- Worker's comp
- Affidavit

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(OEC Representative)

Print Name: Johanne Dato Gimen Valera

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: Prior to opening

Print Name: Martina Ramirez