



## DIVISION OF LICENSING

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### CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

|                                     |                            |  |            |                                    |                           |                                       |                                |                           |                                      |
|-------------------------------------|----------------------------|--|------------|------------------------------------|---------------------------|---------------------------------------|--------------------------------|---------------------------|--------------------------------------|
| <b>Program Name</b>                 | <b>OVER THE RAINBOW II</b> |  |            |                                    | <b>License Number</b>     | <b>DCCC.70635</b>                     | <b>Date of Inspection</b>      | <b>12/04/2023</b>         |                                      |
|                                     |                            |  |            |                                    | <b>Expiration Date</b>    | <b>1/31/2026</b>                      | <b>Time of Inspection</b>      | <b>09:26 AM</b>           |                                      |
| <b>Address</b>                      | <b>700 HARTFORD TPKE</b>   |  |            |                                    | <b>Telephone</b>          | <b>(203) 230-8449</b>                 | <b>Licensed Capacity</b>       | <b>78</b>                 |                                      |
|                                     | <b>HAMDEN</b>              |  | <b>CT</b>  | <b>06517-2214</b>                  | <b>Hours of Operation</b> | <b>Monday-Friday<br/>7:0am-6:00pm</b> | <b>Infant/Toddler Capacity</b> | <b>47</b>                 |                                      |
| <b>Is this a Change of Address?</b> | <b>Yes?</b>                |  | <b>No?</b> | <b>X</b>                           |                           |                                       | <b>Summer Care</b>             | <b>Open</b>               |                                      |
| <b>New Address</b>                  |                            |  |            |                                    | <b>Minimum Age Served</b> | <b>6 weeks</b>                        | <b>Maximum Age Served</b>      | <b>12 years</b>           |                                      |
|                                     |                            |  |            |                                    | <b>Water Supply</b>       |                                       | <b>Public Water</b>            |                           |                                      |
|                                     |                            |  |            |                                    | <b>Program's Email</b>    | <b>info@overtherainbowkids.com</b>    |                                |                           |                                      |
| <b>Operator</b>                     | <b>LIL MUNCHKINS LLC</b>   |  |            |                                    | <b>Name of Inspector</b>  | <b>Jenn Schulz</b>                    |                                |                           |                                      |
| <b>Director</b>                     | <b>JAIME MORAN</b>         |  |            |                                    | <b>Inspector's Email</b>  | <b>jennifer.schulz@ct.gov</b>         |                                |                           |                                      |
| <b>Key:</b>                         | <b>Compliant = X</b>       | <b># of Infants - Toddlers Present</b> | <b>20</b>  | <b># of Total Children Present</b> | <b>29</b>                 | <b># of Staff Present</b>             | <b>14</b>                      | <b>Type of Inspection</b> | <b>UNANNOUNCED INSPECTION - FULL</b> |
| <b>Non-Compliant = O</b>            |                            |  |            |                                    |                           |                                       |                                |                           |                                      |

#### LICENSURE PROCEDURES 19a-79-2a

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>1. Local Health Inspection</b>         |  |
|          | Date: <b>12/20/2022</b>                   |  |
| <b>X</b> | <b>1a. False or Misleading Statements</b> |  |

#### ADMINISTRATION 19a-79-3a

|          |   |  |
|----------|---|--|
| <b>O</b> | <b>1b. Administration</b>                                       |  |
| <b>X</b> | <b>1bb. Capacity</b>  |  |
| <b>X</b> | <b>2. New Staff – Employee Orientation</b>                      |  |
| <b>X</b> | <b>3. Annual Staff Policy Training</b>                          |  |
| <b>X</b> | <b>3b. Managing child behavior</b>                              |  |
| <b>X</b> | <b>4. Documentation of Behavior M. Tech Discussed w/parents</b> |  |
| <b>X</b> | <b>4b. Failure to report</b>                                    |  |

|                                  |   |  |
|----------------------------------|---|--|
| <b>X</b>                         | 5. Notification of Change                       |  |
| <b>O</b>                         | 6. Program policies                             | <p>Including discipline, supervision, child protection, general operating, personnel, closing time</p> <p>Failed to implement policies, plans and procedures when staff were observed to change diapers without washing their hands and the hands of the child before and after changes.</p> |
| <b>X</b>                         | 7. Daily Attendance Records- staff and children |  |
| <b>ITEMS POSTED – ACCESSIBLE</b> |   |  |
| <b>X</b>                         | 8. License                                      |  |
| <b>X</b>                         | 9. Fire Marshal certificate                     |  |
|                                  | Date  | 08/20/2023   |
| <b>X</b>                         | 10. OEC Complaint procedure                     |  |
|                                  | 11. Food Service Certificate                    | N/A?   |
|                                  | Date  | X  |
| <b>X</b>                         | 12. Menus                                       |  |
| <b>X</b>                         | 13. Emergency plans                             |  |
| <b>X</b>                         | 14. No Smoking Signs                            |  |
| <b>X</b>                         | 15. Radon Test                                  | N/A?   |
|                                  | Date  | Results  |
|                                  | 01/09/20  | 1.2  |
| <b>X</b>                         | 15a. Developmental Milestones                   | Failed to post developmental milestones document.  |
| <b>X</b>                         | 15b. Access                                     |  |
| <b>X</b>                         | 15bb. Endorsements                              |  |
| <b>STAFFING 19a-79-4a</b>        |   |  |
| <b>X</b>                         | 15c. Staffing                                   |  |
| <b>X</b>                         | 16. Staff Health records – TB tests             |  |
| <b>X</b>                         | 17. Professional development                    |  |
| <b>X</b>                         | 18. Disciplinary actions                        |  |
| <b>X</b>                         | 18b. Background checks                          |  |

|   |   |                  |               |                       |               |                         |
|---|---|------------------|---------------|-----------------------|---------------|-------------------------|
| <b>X</b>                                | 19. Designated Head Teacher               |                  |               |                       |               |                         |
| <b>X</b>                                | 20. Two Staff present                     |                  |               |                       |               |                         |
| <b>X</b>                                | 20a. Staff Qualities                      |                  |               |                       |               |                         |
| <b>X</b>                                | 21. Ratio: 1 staff to 10 children         |                  |               |                       |               |                         |
| <b>X</b>                                | 21b. Supervision                          |                  |               |                       |               |                         |
| <b>X</b>                                | 22. Group Size – maximum 20 children      |                  |               |                       |               |                         |
| <b>X</b>                                | 23. Designated director - Training        |                  |               |                       |               |                         |
| <b>X</b>                                | 24. CPR Certified Staff (Group Home N/A)  |                  |               |                       |               |                         |
| <b>X</b>                                | 25. First Aid Trained Staff               |                  |               |                       |               |                         |
| <b>X</b>                                | 26. Consultants- Agreements and Contracts |                  |               |                       |               |                         |
| <b>X</b>                                | 27. Logs – Visits documented              |                  |               |                       |               |                         |
|   | Not in Compliance?                        | <b>Education</b> | <b>Health</b> | <b>Social Service</b> | <b>Dental</b> | <b>Dietician N/A? X</b> |
|   | Contracts                                 |                  |               |                       |               |                         |
|   | Logs                                      |                  |               |                       |               |                         |
| <b>Do they take children swimming?N</b> |   | <b>SWIMMING</b>  |               |                       |               |                         |
| <b>X</b>                                | 28. Non-swimmers identified               |                  |               |                       |               |                         |
| <b>X</b>                                | 29. Staff/Child Ratios                    |                  |               |                       |               |                         |
| <b>X</b>                                | 30. CPR certified staff (20 years of age) |                  |               |                       |               |                         |
| <b>X</b>                                | 31. Lifeguard certified - supervision     |                  |               |                       |               |                         |
| <b>RECORD KEEPING 19a-79-5a</b>         |   |                  |               |                       |               |                         |
| <b>X</b>                                | 32. Enrollment information                |                  |               |                       |               |                         |
| <b>X</b>                                | 33. Emergency medical permission          |                  |               |                       |               |                         |
| <b>X</b>                                | 34. Authorized release permission         |                  |               |                       |               |                         |
| <b>X</b>                                | 35. Field trip permission                 |                  |               |                       |               |                         |
| <b>X</b>                                | 36. Transportation permission             |                  |               |                       |               |                         |

|                                    |  |  |
|------------------------------------|--|--|
| <b>X</b>                           | 37. Child health records and immunizations                           |  |
| <b>X</b>                           | 38. Individual care plan (signed by parents and staff)               |  |
| <b>X</b>                           | 39. Injury, Illness, Accident reports                                |  |
| <b>HEALTH AND SAFETY 19a-79-6a</b> |  |  |
| <b>X</b>                           | 40. Nutritious snacks and meals (required food groups)               |  |
| <b>X</b>                           | 41. Proper refrigeration (max 45°)                                   |  |
| <b>X</b>                           | 42. Kitchen separated  | N/A?   |
| <b>O</b>                           | 43. Hand washing – before eating or food handling                    | -Failed to ensure staff wash their hands before eating or handling food with soap and water when they were observed to serve a bottle to an infant after changing a diaper in Infant 1 room.   |
| <b>O</b>                           | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory       | Failed to maintain complete field trip first aid kit(s). Observed a staff member take 3 toddlers for a walk around the property without a complete field trip first aid kit missing current first aid book, ice packs, probe covers or alcohol swabs water soap, plastic bags. |
| <b>PHYSICAL PLANT 19a-79-7a</b>    |  |  |
| <b>X</b>                           | 45. License premises – clean, good repair, hazard free               |  |
| <b>X</b>                           | 47b. Plans for new construction, expansion, renovation or conversion |  |
| <b>X</b>                           | 48. Sanitary drinking fountains – disposable cups                    |  |
| <b>X</b>                           | 49. Lead Water Test (N/A?)<br>06/07/2023                             | Bacterial/Chemical Test (N/A?) <b>X</b>  |
| <b>X</b>                           | 50. Walkways maintained  |  |
| <b>X</b>                           | 51. Designated staff toilet/sink                                     |  |
| <b>X</b>                           | 52. All openings for ventilation screened                            |  |
| <b>X</b>                           | 53. Windows protected to prevent falls                               |  |
| <b>X</b>                           | 54. Glass protected up to 36”  |  |
| <b>X</b>                           | 55. Overhead doors – locking devices, spring protectors              |  |
| <b>X</b>                           | 56. Exits, Hallways and Stairs unobstructed                          |  |

|   |   |  |
|---|---|--|
| X | 57. Individual storage of clothing and bedding            |  |
| X | 58. Smoking prohibited                                    |  |
| X | 59. Matches and lighters inaccessible                     |  |
| X | 60. Electrical safety – outlets/cords                     |  |
| X | 61. Toileting needs met                                   |  |
| X | 62. Required toilets, sinks, supplies                     |  |
| X | 63. Potty chairs – nonporous, emptied, disinfected        |  |
| X | 64. Hand washing after toileting – staff and children     |  |
| X | 65. Ventilation in toilet rooms                           |  |
| X | 66. Air temperature 65 degrees, thermometer affixed       |  |
| X | 67. Water temperature 60° – 115°                          |  |
| X | 68. Portable space heaters                                |  |
| O | 69. Walls, ceilings, floors and rugs – clean, good repair | Failed to maintain walls, ceilings, floors and rugs in a good state of repair when the radiator in the first floor Childrens bathroom was observed to have a large area of blue paint missing from the top area of radiator. |
| X | 70. Rugs secure   |  |
| X | 71. Hot water, steam pipes protected                      |  |
| X | 72. Working phone on each level                           |  |
| X | 73. Emergency numbers posted                              |  |
| X | 74. Adequate lighting - 50/30 candle feet                 |  |
| X | 75. Light fixtures shielded, shatter proof                |  |
| X | 76. Potentially hazardous substances locked               |  |
| X | 77. Garbage, rubbish disposed daily                       |  |

|  |   |  |
|--|---|--|
| <b>X</b>                                       | 78. Stairs protected, good repair, handrails                  |  |
|  | 79. Pets – maintained, care plan                              | Y/N<br>N   |
| <b>X</b>                                       | 80. Operable CO detector on each level                        | N/A?<br>Y  |
| <b>X</b>                                       | 81. Program space-adequate square footage per child           |  |
| <b>X</b>                                       | 82. Equipment clean, good repair, safe, non-toxic             |  |
| <b>X</b>                                       | 83. Cots stored, maintained, adequate number                  |  |
| <b>X</b>                                       | 84. Developmentally appropriate equipment                     |  |
| <b>X</b>                                       | 85. Hot tubs, spas, saunas – locked and inaccessible          | Y/N<br>N   |
| <b>X</b>                                       | 86. No weapons, no facsimile of a firearm on premises         |  |
| <b>OUTDOOR SPACE</b>                           |   |  |
| <b>X</b>                                       | 87. Outdoor space - adequate square footage per child         |  |
| <b>X</b>                                       | 88. Impact absorbing material under equipment                 |  |
| <b>O</b>                                       | 89. Playground free from hazards                              | Failed to ensure the playground is free of glass, debris, holes and other hazards when the fence on the over 3 playground was observed to be in a state of disrepair when the support bar along the top of the chain Link fence was observed to be out of place and wedged into the chain link fencing and exposed sharp ends to the children. |
| <b>O</b>                                       | 92. Equipment anchored, safely arranged                       | Failed to ensure outdoor equipment is arranged in such a way as to avoid accidents when little tyke play houses (2) were observed to be on arranged next to/against the perimeter fencing on two under playgrounds.  |
| <b>O</b>                                       | 93. Outdoor play area protected, fenced                       | Failed to protect outdoor play area from traffic, bodies of water, gullies and other hazards when the perimeter fences, along the parking lot, measured less than 48 inches in multiple areas on all playgrounds.  |
| <b>X</b>                                       | 94. Drinking water available, accessible                      |  |
| <b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>      |   |  |
| <b>X</b>                                       | 95. Written plan for daily program available to parents/staff |  |
| <b>X</b>                                       | 96. Schedule – Activity choices and Program                   | Activity choices: developmentally appropriate, flexible, meets individual needs<br>Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up  |
| <b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> |   |  |
| <b>X</b>                                       | 97. Written policies, procedures                              |  |
| <b>X</b>                                       | 98. Training outline on file                                  |  |

| NONPRESCRIPTION TOPICAL MEDICATIONS |  |   |
|-------------------------------------|--|---|
| <b>X</b>                            | 99. Administration, parent permission, MAR                   |   |
| <b>X</b>                            | 100. Labeling, storage                                       |   |
| ORAL/TOPICAL/INHALENT MEDICATIONS   |  |   |
| <b>X</b>                            | 101. Med trained staff, certificates                         |   |
|                                     | O/T/I    Injectable  |   |
|                                     | Y            Y   |   |
| <b>X</b>                            | 102. Authorized prescriber, parent permission, MAR           |   |
| <b>X</b>                            | 103. Labeling, storage                                       |   |
| <b>X</b>                            | 104. Unused, expired meds returned/disposed                  |   |
| SELF-ADMINISTRATION                 |  |   |
| <b>X</b>                            | 105. Authorized prescriber, parent permission, MAR           |   |
| <b>X</b>                            | 106. Labeling, storage                                       |   |
| <b>X</b>                            | 107. Approved petition for special medication authorization  |   |
| <b>Yes</b>                          | Is there an approved endorsement?                            | INFANT/TODDLER ENDORSEMENT 19a-79-10  |
| <b>X</b>                            | 109. Approved endorsement                                    |   |
| <b>X</b>                            | 110. Ratio: 1 staff to 4 children                            |   |
| <b>X</b>                            | 111. Group size: no larger than 8                            |   |
| <b>X</b>                            | 112. Physical barriers, groups of 8 (indoors and outdoors)   |   |
| <b>O</b>                            | 113. Adequate sinks in program space                         | Failed to designate sinks for diaper changing and hand washing of staff and children when one hand wash sink was observed with a bib in the sink and 1 with a washcloth hanging on the faucet.  |
| <b>O</b>                            | 114. Free standing, well-constructed, safe cribs             | , Failed to maintain a fully waterproofed, firm, snug-fitting mattress when multiple mattresses in infant room1 were observed to have holes and/or ripped.<br>Failed to maintain well constructed, free standing cribs with certificates indicting compliance with CFR1219or 1220 |
| <b>X</b>                            | 115. Washable cots   |   |
| <b>X</b>                            | 116. Chairs for feeding, stable, safety straps, locking tray |   |
| <b>X</b>                            | 117. Developmentally appropriate tables, chairs, equipment   |   |
| <b>X</b>                            | 118. Refrigerators and food prop facilities                  |   |

|                                     |   |   |                                     |  |
|-------------------------------------|---|---|-------------------------------------|--|
| <input type="radio"/>               | 119. Diaper area- sturdy, safety rail, nonporous, exclusive use | Failed to ensure the exclusive use of the diaper area when one changing table was observed to have toys and step stools stored on the changing table in 1 under 3 class.Observed once changing table with a bag of craft supplies on it in another classroom. |                                     |  |
| <input type="radio"/>               | 120. Diaper area- washed, disinfected                           | Failed to ensure the diaper area is washed and disinfected after each use when the staff in Infant room 1 was observed to not disinfect the changing table after completing a diaper change.  |                                     |  |
| <input checked="" type="checkbox"/> | 121. Diaper area- disposable paper sheets                       |   |                                     |  |
| <input checked="" type="checkbox"/> | 122. Covered waste receptacle                                   |   |                                     |  |
| <input checked="" type="checkbox"/> | 123. Diaper changing policy posted, followed                    |   |                                     |  |
| <input checked="" type="checkbox"/> | 124. Hand washing policy posted, followed                       |   |                                     |  |
| <input checked="" type="checkbox"/> | 125. Individual storage of personal items                       |   |                                     |  |
| <input checked="" type="checkbox"/> | 126. Cribs/cots washed and disinfected                          |   |                                     |  |
| <input checked="" type="checkbox"/> | 127. Under 12 months- placed on back for sleeping               |   |                                     |  |
| <input checked="" type="checkbox"/> | 128. Alternate sleep position- equipment, medical documentation | Yes   | No                                  |  |
|                                     |   |   | <input checked="" type="checkbox"/> |  |
| <input checked="" type="checkbox"/> | 129. Crib, bed used for infant sleeping                         |   |                                     |  |
| <input checked="" type="checkbox"/> | 130. Crib, bed free from observable hazards                     |   |                                     |  |
| <input checked="" type="checkbox"/> | 131. Infant toys separate, washed, disinfected daily            |   |                                     |  |
| <input checked="" type="checkbox"/> | 132. No toys, objects less than 1/1/4" diameter                 |   |                                     |  |
| <input checked="" type="checkbox"/> | 133. Plastic bags, balloons, Styrofoam objects inaccessible     |   |                                     |  |
| <input checked="" type="checkbox"/> | 134. Health consultant, doc. of visits                          |   |                                     |  |
| <input checked="" type="checkbox"/> | 135. Infants held for bottles, indiv. attention, tummy time     |   |                                     |  |
| <input checked="" type="checkbox"/> | 136. Written statement, feeding schedule from parent            |   |                                     |  |
| <input checked="" type="checkbox"/> | 137. Unused portions of liquids discarded                       |   |                                     |  |
| <input checked="" type="checkbox"/> | 138. Clean Bottles, disp. bottles, approved bottle washing      |   |                                     |  |
| <input checked="" type="checkbox"/> | 139. Food served from dish or whole jar served                  |   |                                     |  |
| <input checked="" type="checkbox"/> | 140. Bottles individually identified with child's name          |   |                                     |  |

**OUTDOOR PLAY SPACE - UNDER THREE**

|            |  |  |
|------------|--|--|
| <b>X</b>   | 141. Play space fenced                                   |  |
| <b>X</b>   | 142. Outdoor equipment developmentally appropriate       |  |
| <b>Yes</b> | Is there an approved endorsement?                        | <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>            |
| <b>X</b>   | 143. Approved endorsement                                |  |
| <b>X</b>   | 144. Activity choices appropriate                        |  |
| <b>X</b>   | 145. Ratio – 1 staff to 10 children                      |  |
| <b>X</b>   | 146. Group size – maximum 20 children                    |  |
| <b>X</b>   | 147. Education Consultant appropriate                    |  |
| <b>No</b>  | Is there an approved endorsement?                        | <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> |
|            | 148. Approved endorsement                                |  |
|            | 149. Written program plan, supervision                   |  |
|            | 150. Staff awake and available                           |  |
|            | 151. Cot, crib, bedding, toiletries, sleep apparel       |  |
|            | 152. Individual storage of personal items                |  |
|            | 153. Bedding, sleeping apparel laundered weekly          |  |
| <b>N</b>   | Child with diabetes enrolled?                            | <b>MONITORING OF DIABETES 19a-79-13</b>            |
| <b>X</b>   | 154. Written policies and procedures                     |  |
| <b>X</b>   | 155. On site staff trained in first aid, glucose testing |  |
| <b>X</b>   | 156. Training current and documented                     |  |
| <b>X</b>   | 157. Supervision of self-administration                  |  |
| <b>X</b>   | 158. Equipment, supplies labeled and inaccessible        |  |

|          |  |  |
|----------|--|--|
| <b>X</b> | 159. Signed agreement with parents regarding equipment |  |
| <b>X</b> | 160. Materials discarded appropriately                 |  |
| <b>X</b> | 161. Authorized prescriber, parent permission          |  |
| <b>X</b> | 162. Documentation of test results, actions taken      |  |
| <b>X</b> | 163. Daily written parent notification                 |  |

**ADDITIONAL VIOLATIONS**

|  |   |          |  |
|--|---|----------|--|
|  | 62. Consent Order - Negotiated Corrective Action Plan | N/A?     |  |
|  |   | <b>X</b> |  |

|                          |   |
|--------------------------|---|
| <b>YES or NO?</b><br>Yes | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
|--------------------------|---|

**DISCUSSIONS:**

Observed 1 authorized prescriber form to be on a school age form  
 Observed 1 bottle to not be labeled with Childs name.  
 Observed two outlets to not be protected in infant 2 room

**COMMENTS:**

**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

|   |                                       |                                |  |
|---|---------------------------------------|--------------------------------|--|
| <i>Jenn Schulz</i><br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <i>Emalee Schilling</i><br>(Signature of Person in Charge) |
| <b>Jenn Schulz</b><br>(Printed Name)                    | <br>(Printed Name)                    | <b>12/18/2023</b>              | <b>Emalee Schilling.</b><br>(Printed Name)                 |