



# DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

## CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

|                                                   |                                         |   |                                    |    |                           |                            |                           |                                |                     |              |
|---------------------------------------------------|-----------------------------------------|---|------------------------------------|----|---------------------------|----------------------------|---------------------------|--------------------------------|---------------------|--------------|
| <b>Program Name</b>                               | HOPE PRESCHOOL                          |   |                                    |    | <b>License Number</b>     | DCCC.70657                 |                           | <b>Date of Inspection</b>      | 02/14/2024          |              |
|                                                   |                                         |   |                                    |    | <b>Expiration Date</b>    | 8/31/2026                  |                           | <b>Time of Inspection</b>      | 08:45 AM            |              |
| <b>Address</b>                                    | 2 CHURCH ST<br>DEEP RIVER CT 06417-2003 |   |                                    |    | <b>Telephone</b>          | (860) 391-1093             |                           | <b>Licensed Capacity</b>       | 41                  |              |
|                                                   |                                         |   |                                    |    | <b>Hours of Operation</b> | 8:00am-4:30pm              |                           | <b>Infant/Toddler Capacity</b> | 0                   |              |
| <b>Is this a Change of Address?</b>               | Yes?                                    |   | No?                                | X  |                           |                            |                           | <b>Summer Care</b>             | Open                |              |
| <b>New Address</b>                                |                                         |   |                                    |    | <b>Minimum Age Served</b> | 3 years                    | <b>Maximum Age Served</b> | 5 years                        | <b>Water Supply</b> | Public Water |
|                                                   |                                         |   |                                    |    | <b>Program's Email</b>    | hopepreschoolllc@gmail.com |                           |                                |                     |              |
| <b>Operator</b>                                   | HOPE PRESCHOOL, LLC                     |   |                                    |    | <b>Name of Inspector</b>  | Bridget Merrill            |                           |                                |                     |              |
| <b>Director</b>                                   | VENERA MANULI                           |   |                                    |    | <b>Inspector's Email</b>  | bridget.merrill@ct.gov     |                           |                                |                     |              |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O | <b># of Infants – Toddlers Present</b>  | 0 | <b># of Total Children Present</b> | 20 | <b># of Staff Present</b> | 5                          | <b>Type of Inspection</b> | UNANNOUNCED INSPECTION - FULL  |                     |              |

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

|          |                                           |  |
|----------|-------------------------------------------|--|
| <b>X</b> | <b>1. Local Health Inspection</b>         |  |
|          | <b>Date:</b> 08/01/2022                   |  |
| <b>X</b> | <b>1a. False or Misleading Statements</b> |  |

### ADMINISTRATION 19a-79-3a

|          |                                                                 |  |
|----------|-----------------------------------------------------------------|--|
| <b>X</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>X</b>                         | 6. Program policies                             | Including discipline, supervision, child protection, general operating, personnel, closing time |  |
| <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                                            | 07/13/2023                                                                                      |  |
| <b>X</b>                         | 10. OEC Complaint procedure                     |                                                                                                 |  |
|                                  | 11. Food Service Certificate                    | <u>N/A?</u>                                                                                     |  |
|                                  | Date                                            | <b>X</b>                                                                                        |  |
| <b>X</b>                         | 12. Menus                                       |                                                                                                 |  |
| <b>X</b>                         | 13. Emergency plans                             |                                                                                                 |  |
| <b>X</b>                         | 14. No Smoking Signs                            |                                                                                                 |  |
| <b>X</b>                         | 15. Radon Test                                  | <u>N/A?</u>                                                                                     |  |
|                                  | Date                                            | Results                                                                                         |  |
|                                  | 03/24/19                                        | .8                                                                                              |  |
| <b>X</b>                         | 15a. Developmental Milestones                   |                                                                                                 |  |
| <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                                      |                   |               |                       |               |                         |
|                                 | Do they take children swimming?           | <b>N 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>X</b>                           | 43. Hand washing – before eating or food handling                    |                                         |  |
| <b>X</b>                           | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory       |                                         |  |
| <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>01/25/2024                             | 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                          |                                         |  |

|          |                                                           |                                                                                                                                                                                    |
|----------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>X</b> | 57. Individual storage of clothing and bedding            |                                                                                                                                                                                    |
| <b>X</b> | 58. Smoking prohibited                                    |                                                                                                                                                                                    |
| <b>X</b> | 59. Matches and lighters inaccessible                     |                                                                                                                                                                                    |
| <b>X</b> | 60. Electrical safety – outlets/cords                     |                                                                                                                                                                                    |
| <b>X</b> | 61. Toileting needs met                                   |                                                                                                                                                                                    |
| <b>X</b> | 62. Required toilets, sinks, supplies                     |                                                                                                                                                                                    |
| <b>X</b> | 63. Potty chairs – nonporous, emptied, disinfected        |                                                                                                                                                                                    |
| <b>X</b> | 64. Hand washing after toileting – staff and children     |                                                                                                                                                                                    |
| <b>X</b> | 65. Ventilation in toilet rooms                           |                                                                                                                                                                                    |
| <b>O</b> | 66. Air temperature 65 degrees, thermometer affixed       | Failed to ensure that the ambient air temperature is at least 65 degrees when air temperature in Preschool was 60 degrees, 57 degrees in PreK and 62 degrees in the Big room.      |
| <b>O</b> | 67. Water temperature 60° – 115°                          | Failed to ensure the water temperature is between 60-115 degrees when water temperature at PreK classroom sink was 117.2 degrees and in child bathrooms was 125.2 and 126 degrees. |
| <b>X</b> | 68. Portable space heaters                                |                                                                                                                                                                                    |
| <b>X</b> | 69. Walls, ceilings, floors and rugs – clean, good repair |                                                                                                                                                                                    |
| <b>X</b> | 70. Rugs secure                                           |                                                                                                                                                                                    |
| <b>X</b> | 71. Hot water, steam pipes protected                      |                                                                                                                                                                                    |
| <b>X</b> | 72. Working phone on each level                           |                                                                                                                                                                                    |
| <b>X</b> | 73. Emergency numbers posted                              |                                                                                                                                                                                    |
| <b>X</b> | 74. Adequate lighting - 50/30 candle feet                 |                                                                                                                                                                                    |
| <b>X</b> | 75. Light fixtures shielded, shatter proof                |                                                                                                                                                                                    |
| <b>X</b> | 76. Potentially hazardous substances locked               |                                                                                                                                                                                    |
| <b>X</b> | 77. Garbage, rubbish disposed daily                       |                                                                                                                                                                                    |

|                                                |                                                               |                                                                                                                                                                                                           |  |
|------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>X</b>                                       | 78. Stairs protected, good repair, handrails                  |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 79. Pets – maintained, care plan                              | Y/N<br><b>N</b>                                                                                                                                                                                           |  |
| <b>X</b>                                       | 80. Operable CO detector on each level                        | N/A?<br><b>Y</b>                                                                                                                                                                                          |  |
| <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><b>N</b>                                                                                                                                                                                           |  |
| <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>X</b>                                       | 89. Playground free from hazards                              |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 92. Equipment anchored, safely arranged                       |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 93. Outdoor play area protected, fenced                       |                                                                                                                                                                                                           |  |
| <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>O</b>                                       | 98. Training outline on file                                  | Failed to maintain outline of medication training for oral, topical and inhalant medications.                                                                                                             |  |

|                                            |  |  |
|--------------------------------------------|--|--|
| <b>NONPRESCRIPTION TOPICAL MEDICATIONS</b> |  |  |
|--------------------------------------------|--|--|

**X**99. Administration,  
parent permission,  
MAR**X**100. Labeling,  
storage

|                                          |  |  |
|------------------------------------------|--|--|
| <b>ORAL/TOPICAL/INHALENT MEDICATIONS</b> |  |  |
|------------------------------------------|--|--|

**X**101. Med trained  
staff, certificates

O/T/I

Injectable

Y

Y

**X**102. Authorized  
prescriber, parent  
permission, MAR**X**103. Labeling,  
storage**X**104. Unused,  
expired meds  
returned/disposed

|                            |  |  |
|----------------------------|--|--|
| <b>SELF-ADMINISTRATION</b> |  |  |
|----------------------------|--|--|

**X**105. Authorized  
prescriber, parent  
permission, MAR**X**106. Labeling,  
storage**X**107. Approved  
petition for special  
medication  
authorization**No**Is there an  
approved  
endorsement?

|                                             |  |  |
|---------------------------------------------|--|--|
| <b>INFANT/TODDLER ENDORSEMENT 19a-79-10</b> |  |  |
|---------------------------------------------|--|--|

109. Approved  
endorsement110. Ratio: 1 staff to  
4 children111. Group size: no  
larger than 8112. Physical  
barriers, groups of  
8 (indoors and  
outdoors)113. Adequate sinks  
in program space114. Free standing,  
well-constructed,  
safe cribs

115. Washable cots

116. Chairs for  
feeding, stable,  
safety straps,  
locking tray117.  
Developmentally  
appropriate tables,  
chairs, equipment118. Refrigerators  
and food prop  
facilities

|  |                                                                          |     |    |  |
|--|--------------------------------------------------------------------------|-----|----|--|
|  | 119. Diaper area-<br>sturdy, safety rail,<br>nonporous, exclusive<br>use |     |    |  |
|  | 120. Diaper area-<br>washed, disinfected                                 |     |    |  |
|  | 121. Diaper area-<br>disposable paper<br>sheets                          |     |    |  |
|  | 122. Covered waste<br>receptacle                                         |     |    |  |
|  | 123. Diaper<br>changing policy<br>posted, followed                       |     |    |  |
|  | 124. Hand washing<br>policy posted,<br>followed                          |     |    |  |
|  | 125. Individual<br>storage of personal<br>items                          |     |    |  |
|  | 126. Cribs/cots<br>washed and<br>disinfected                             |     |    |  |
|  | 127. Under 12<br>months- placed on<br>back for sleeping                  |     |    |  |
|  | 128. Alternate sleep<br>position-<br>equipment, medical<br>documentation | Yes | No |  |
|  | 129. Crib, bed used<br>for infant sleeping                               |     |    |  |
|  | 130. Crib, bed free<br>from observable<br>hazards                        |     |    |  |
|  | 131. Infant toys<br>separate, washed,<br>disinfected daily               |     |    |  |
|  | 132. No toys, objects<br>less than 1/1/4"<br>diameter                    |     |    |  |
|  | 133. Plastic bags,<br>balloons, Styrofoam<br>objects inaccessible        |     |    |  |
|  | 134. Health<br>consultant, doc. of<br>visits                             |     |    |  |
|  | 135. Infants held for<br>bottles, indiv.<br>attention, tummy<br>time     |     |    |  |
|  | 136. Written<br>statement, feeding<br>schedule from<br>parent            |     |    |  |
|  | 137. Unused<br>portions of liquids<br>discarded                          |     |    |  |
|  | 138. Clean Bottles,<br>disp. bottles,<br>approved bottle<br>washing      |     |    |  |
|  | 139. Food served<br>from dish or whole<br>jar served                     |     |    |  |
|  | 140. Bottles<br>individually<br>identified with<br>child's name          |     |    |  |



|                                         |
|-----------------------------------------|
| <b>OUTDOOR PLAY SPACE - UNDER THREE</b> |
|-----------------------------------------|

|           |                                                          |                                                    |
|-----------|----------------------------------------------------------|----------------------------------------------------|
|           | 141. Play space fenced                                   |                                                    |
|           | 142. Outdoor equipment developmentally appropriate       |                                                    |
| <b>No</b> | Is there an approved endorsement?                        | <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>            |
|           | 143. Approved endorsement                                |                                                    |
|           | 144. Activity choices appropriate                        |                                                    |
|           | 145. Ratio – 1 staff to 10 children                      |                                                    |
|           | 146. Group size – maximum 20 children                    |                                                    |
|           | 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> |  |

**YES or NO?**  
**Yes**

**WERE VIOLATIONS CITED DURING THIS VISIT?**

### DISCUSSIONS:

Observed playground to be snow covered. Program is responsible for maintaining 8 inch of shock absorbing material under swings, slides and climbing equipment. All other areas of the outdoor environment were inspected except shock absorbing material.  
Observed rust on ring behind toilet in staff bathroom.

### 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.

|                                                                                                                         |  |                                |                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <br>(Signature of OEC Representative) |  | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Person in Charge) |
| <b>Bridget Merrill</b><br>(Printed Name)                                                                                |  | <b>02/28/2024</b>              | <b>Venera Manuli</b><br>(Printed Name)                                                                                   |