



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oe.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	HANDPRINTS PRESCHOOL				License Number	DCCC.16739	Date of Inspection	07/17/2024		
					Expiration Date	9/30/2026	Time of Inspection	11:27 AM		
Address	81 CLINTONVILLE RD NORTH HAVEN CT 06473-2325				Telephone	(203) 234-1899	Licensed Capacity	37		
					Hours of Operation	FROM: 7:30AM TO: 5:30PM	Infant/Toddler Capacity	24		
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open		
New Address					Minimum Age Served	6 weeks	Maximum Age Served	5 years	Water Supply	Public Water
					Program's Email	handprintsnorthhaven@gmail.com				
Operator	HANDPRINTS PRESCHOOL LLC				Name of Inspector	Fil Montanye				
Director	CAROL SANFORD				Inspector's Email	filomena.montanye@ct.gov				
Key: Compliant = X Non-Compliant = O	# of Infants - Toddlers Present	11	# of Total Children Present	23	# of Staff Present	7	Type of Inspection	UNANNOUNCED INSPECTION - FULL		

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date:	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

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

X	5. Notification of Change	
X	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
X	7. Daily Attendance Records- staff and children	
ITEMS POSTED – ACCESSIBLE		
X	8. License	
X	9. Fire Marshal certificate	
	Date	08/08/2023
X	10. OEC Complaint procedure	
	11. Food Service Certificate	N/A?
	Date	X
O	12. Menus	Failed to prepare and post menus at least 1 week in advance when menus posted are not dated
X	13. Emergency plans	
X	14. No Smoking Signs	
X	15. Radon Test	N/A?
	Date	Results
	03/30/2016	.5
X	15a. Developmental Milestones	
X	15b. Access	
X	15bb. 32-36 mths enrolled in prek-permissions	
STAFFING 19a-79-4a		
X	15c. Staffing	
O	16. Staff Health records – TB tests	Failed to maintain TB test results for one staff
X	17. Professional development	
X	18. Disciplinary actions	
X	18b. Background checks	

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

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain current health record for 1 child and 2 children missing documentation of flu shot	
<input checked="" type="checkbox"/>	38. Individual care plan (signed by parents and staff)		
<input checked="" type="checkbox"/>	39. Injury, Illness, Accident reports		
HEALTH AND SAFETY 19a-79-6a			
<input checked="" type="checkbox"/>	40. Nutritious snacks and meals (required food groups)		
<input checked="" type="checkbox"/>	41. Proper refrigeration (max 45°)		
<input checked="" type="checkbox"/>	42. Kitchen separated	N/A?	
<input checked="" type="checkbox"/>	43. Hand washing – before eating or food handling		
<input checked="" type="checkbox"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
PHYSICAL PLANT 19a-79-7a			
<input type="radio"/>	45. License premises – clean, good repair, hazard free	Failed to maintain the building, equipment clean and in good repair when cabinet fronts and garbage bin were observed unclean in preschool (dried splashes of various substances on them).Rubbermaid bin drawers not clean in infant room and not secured in infant room -continued in discussions section	
<input checked="" type="checkbox"/>	47b. Plans for new construction, expansion, renovation or conversion		
<input checked="" type="checkbox"/>	48. Sanitary drinking fountains – disposable cups		
<input checked="" type="checkbox"/>	49. Lead Water Test (N/A?) 10/16/2023	Bacterial/Chemical Test (N/A?)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	50. Walkways maintained		
<input checked="" type="checkbox"/>	51. Designated staff toilet/sink		
<input checked="" type="checkbox"/>	52. All openings for ventilation screened		
<input checked="" type="checkbox"/>	53. Windows protected to prevent falls		
<input checked="" type="checkbox"/>	54. Glass protected up to 36”		
<input checked="" type="checkbox"/>	55. Overhead doors – locking devices, spring protectors		
<input checked="" type="checkbox"/>	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	
○	69. Walls, ceilings, floors and rugs – clean, good repair	Failed to maintain floors clean and in a good state of repair when children's bathroom floors by toilets were observed not clean
X	70. Rugs secure	
X	71. Hot water, steam pipes protected	
X	72. Working phone on each level	
X	73. Emergency numbers posted	
○	74. Adequate lighting - 50/30 candle feet	Failed to maintain at least 50 candle feet of light in rooms used for reading, painting and other close work at tables in toddler room (27.9 cf) other rooms were transitioning to nap and lights were off.
X	75. Light fixtures shielded, shatter proof	
X	76. Potentially hazardous substances locked	
X	77. Garbage, rubbish disposed daily	

<input checked="" type="checkbox"/>	78. Stairs protected, good repair, handrails		
<input type="checkbox"/>	79. Pets – maintained, care plan	Y/N Y	Failed to maintain procedures for the care, maintenance and access to children of pets or other animals when fish tank observed to not be clean (green substance throughout fish tank)
<input checked="" type="checkbox"/>	80. Operable CO detector on each level	N/A? Y	
<input checked="" type="checkbox"/>	81. Program space-adequate square footage per child		
<input checked="" type="checkbox"/>	82. Equipment clean, good repair, safe, non-toxic		
<input checked="" type="checkbox"/>	83. Cots stored, maintained, adequate number		
<input checked="" type="checkbox"/>	84. Developmentally appropriate equipment		
<input checked="" type="checkbox"/>	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N	
<input checked="" type="checkbox"/>	86. No weapons, no facsimile of a firearm on premises		
OUTDOOR SPACE			
<input checked="" type="checkbox"/>	87. Outdoor space - adequate square footage per child		
<input checked="" type="checkbox"/>	88. Impact absorbing material under equipment		
<input checked="" type="checkbox"/>	89. Playground free from hazards		
<input checked="" type="checkbox"/>	92. Equipment anchored, safely arranged		
<input type="checkbox"/>	93. Outdoor play area protected, fenced		Failed to ensure that fencing is four feet in height when lattice on fence is broken in 3 areas. 1 broken piece to the lattice was observed to be sharp and 1 area in which lattice is not attached on one side has fallen making the fence only 44 inches tall and one area without lattice has fence measure 43 inches
<input checked="" type="checkbox"/>	94. Drinking water available, accessible		
EDUCATIONAL REQUIREMENTS 19a-79-8a			
<input checked="" type="checkbox"/>	95. Written plan for daily program available to parents/staff		
<input checked="" type="checkbox"/>	96. Schedule – Activity choices and Program		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			
<input checked="" type="checkbox"/>	97. Written policies, procedures		
<input checked="" type="checkbox"/>	98. Training outline on file		

NONPRESCRIPTION TOPICAL MEDICATIONS						
X	99. Administration, parent permission, MAR					
X	100. Labeling, storage					
ORAL/TOPICAL/INHALENT MEDICATIONS						
X	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">O/T/I</td> <td style="padding: 2px;">Injectable</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Y</td> <td style="text-align: center; padding: 2px;">N</td> </tr> </table>	O/T/I	Injectable	Y	N	
O/T/I	Injectable					
Y	N					
X	102. Authorized prescriber, parent permission, MAR					
X	103. Labeling, storage					
X	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
X	105. Authorized prescriber, parent permission, MAR					
X	106. Labeling, storage					
X	107. Approved petition for special medication authorization					
Yes	Is there an approved endorsement?	INFANT/TODDLER ENDORSEMENT 19a-79-10				
X	109. Approved endorsement					
X	110. Ratio: 1 staff to 4 children					
X	111. Group size: no larger than 8					
X	112. Physical barriers, groups of 8 (indoors and outdoors)					
X	113. Adequate sinks in program space					
X	114. Free standing, well-constructed, safe cribs					
X	115. Washable cots					
X	116. Chairs for feeding, stable, safety straps, locking tray					
X	117. Developmentally appropriate tables, chairs, equipment					
X	118. Refrigerators and food prop facilities					

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

OUTDOOR PLAY SPACE - UNDER THREE

X	141. Play space fenced	
X	142. Outdoor equipment developmentally appropriate	
Yes	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
X	143. Approved endorsement	
X	144. Activity choices appropriate	
X	145. Ratio – 1 staff to 10 children	
X	146. Group size – maximum 20 children	
X	147. Education Consultant appropriate	
No	Is there an approved endorsement?	NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)
	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	
N	Child with diabetes enrolled?	MONITORING OF DIABETES 19a-79-13
X	154. Written policies and procedures	
X	155. On site staff trained in first aid, glucose testing	
X	156. Training current and documented	
X	157. Supervision of self-administration	
X	158. Equipment, supplies labeled and inaccessible	

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

ADDITIONAL VIOLATIONS

	62. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	



YES or NO?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

1) portable sink in woddler room is turned on and off at base because per staff it makes lots of noise. Staff turned in on during inspection and compressor making lots of noise.
 2) Woddler child (over 1) in pack and play laying down with bottle
 4) observed a plastic Splash pad on fence per staff it was used once and is broken per staff it does not pool water. Warning label on it says no diving and to watch children near this pool... photo taken thrown out during inspection
 5) per staff no children enrolled with medications
 6) photos taken will send directors
 7) local health inspection date was not written in correctly at time of inspection. It is dated with the license expiration date
 8) health consultant agreement missing required components: observation of general health, diaper changing and toileting areas, and diapering, toileting and handwashing
 Additional violations continued:
 #45 continued- one side of divider with gate not secured in infant room poses tipping hazard. Main sink in hallway unclean dried material throughout. Toilet bases in children's bathroom not clean, 1 toilet base missing cap exposing screw

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.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Fil Montanye (Printed Name)	 (Printed Name)	07/31/2024	Carol Ann Sanford (Printed Name)