CONNECTICUT

# CONNECTICUT OFFICE OF EARLY CHILDHOOD
## DIVISION OF LICENSING

CONNECTICUT Early Childhood

# CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

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

| | | | | | |
|---|---|---|---|---|---|
| Program Name: | Happy Hands Prep | Date of Inspection: | 2·19·25 | Time of Arrival: | 10:45 am |
| Address: | 421 Wolcott Rd. | License Number: | 70366 | Expiration Date: | 8/31/25 |
| Town: | Wolcott 06716 | Telephone Number: | 203-441-4455 | Summer Care: | open |
| Operator: | Happy Hands Prep | # of Staff Present: 6 | # over 3 Present: 23 | # under 3 Present: 6 | |
| Email: | l.murray@happyhandsprep.com | Total Capacity: 36 | Total Under 3 capacity: 10 | Ages Served: | |
| Designated Director: | Lori Murray | Hours/Days of Operation: | M-F 9:00am to 2:00pm | | |

**Instruction Codes:** N/A = Not applicable at this time √ = Regulation in Compliance O = Regulation not in Compliance

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

## LICENSURE PROCEDURES 19a-79-2a

| | | |
|---|---|---|
| ☑ 1. | (c)(8) | Local Health Inspection-Date: 4/3/24 |

## ADMINISTRATION 19a-79-3a

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

## STAFFING and CONSULTANTS 19a-79-4a cont.

| | | |
|---|---|---|
| ☐ 19. | (a)(1) | Staff health records |
| ☑ 20. | (a)(3) | Disciplinary actions |
| ☑ 21. | (b) | Comprehensive Background Checks |
| ☑ 22. | (b)(4) | Evidence of compliance ★ |
| ☑ 23. | (d) | Adequate staffing |
| ☑ 24. | (d)(1) | Designated head teacher–approved-60% |
| ☑ 25. | (d)(2) | Two staff present–age 18 or older |
| ☑ 26. | (d)(3)(A-C) | Personal qualities of staff |
| ☑ 27. | | RATIOS |
| | ☑ (d)(4)(A) | Ratio 1:10 – Indoors/Outdoors |
| | ☑ (d)(4)(B) | Mixed age group–ratios |
| | ☑ (d)(6) | Nap time ratio |
| ☑ 28. | (d)(4)(D) | Supervision–Indoors/Outdoors |
| ☑ 29. | | GROUP SIZE |
| | ☑ (d)(5) | Group Size–Indoors/Outdoors |
| | ☑ (d)(5)(A) | Group Size–school age field trips/outdoors |
| | ☑ (d)(5)(B) | Mixed age group–group size |
| ☑ 30. | (e)(1) | Designated director-training |
| ☑ 31. | (f)(1) | CPR certified program staff |
| ☑ 32. | (f)(2) | First aid certified program staff |
| ☑ 33. | | PROFESSIONAL DEVELOPMENT |
| | ☑ (a)(2) | Documentation |
| | ☑ (h)(1)(2) | Health & Safety training ★ |
| | ☑ (h)(1)(2) | 1% annual hours |
| ☑ 34. | | SWIMMING ACTIVITIES - Y(N) |
| | ☑ (4)(C)(ii-v) | Swimming-Ratios |
| | ☑ (4)(C)(i) | Non-swimmers identified |
| | ☑ (e)(6) | CPR certified staff–age 20 or older |
| | ☑ (e)(6) | Lifeguard–certified–supervising |
| ☐ 35. | | CONSULTANTS ★ |
| | ☑ (i)(1)(A)-(D) | Consultants-Education, Health, Social Service, Dietitian (N/A) |
| | ☑ (i) | Consultant agreements-signed annually |
| | ☐ (i)(2)(A-H) | Agreements complete w/required services |
| | ☑ (F) | Consultant logs–documented activities, observations and required services |
| | ☑ (i)(2) (H)(i)-(I)(i) | Consultant visits- Education/Health |

| | Contracts | Logs | Visits |
|---|---|---|---|
| Education | ✓ | ✓ | ✓ |
| Health | ✓ | ✓ | ✓ |
| Soc. Serv. | ✓ | ✓ | |
| Dietitian | n/a | n/a | |

CHILD CARE CENTER / GROUP CHILD CARE HOME INSPECTION TOOL

PROGRAM NAME: Happy Hands Prep | LICENSE #: 70366 | DATE OF INSPECTION: 2·19·25

## RECORD KEEPING 19a-79-7

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

## HEALTH and SAFETY 19a-79-7a

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

## PHYSICAL PLANT 19a-79-7a

| | | | |
|---|---|---|---|
| ☑ 62. | (a)(2) | | Fire marshal codes/certificate 12/3/24 |
| ☑ 63. | (b) | | Indoor/Outdoor space inspected/approved |
| ☑ 64. | (b)(1)-(5) | | Construction/expansion/renovation/conversion |
| ☑ 65. | (b)(6) | | Space not inspected/approved but used for field trips–written parent permission |
| ☐ 66. | (c)(2) | | Licensed premises-clean, good repair, hazard free, maintenance program established |
| ☑ 67. | (c)(3) | | Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) |
| ☑ 68. | (c)(4) | | Testing of premises/grounds for chemicals |
| ☑ 69. | | | WATER SUPPLY – Public/Well (Schools-N/A) |
| | ☑ (c)(5)(A) ★ | | Lead Water Test – Date: 3/24/23 |
| | ☑ (c)(5)(B) | | Bact./Chem Test-Date: _____ (N/A) |
| | ☑ (c)(5)(C) | | Drinking water available/accessible |
| ☑ 70. | | | LEAD PAINT - Peeling Paint – Y (N) Inside/Outside |
| | ☑ (c)(6)(A) | | Building Pre-78: Y (N) Lead Test: Y (N) Results n/a |
| | ☑ (c)(6)(B-D) | | Lead Management Plan n/a |
| ☐ 71. | (d)(1) | | Emergency vehicle access |

## PHYSICAL PLANT 19a-79-7a cont.

| | | | |
|---|---|---|---|
| ☑ 72. | (d)(2) | | Walkways maintained |
| ☑ 73. | (d)(3) | | Windows protected to prevent falls |
| ☑ 74. | (d)(3) | | Window screens (Schl age only- N/A) |
| ☑ 75. | (d)(4) | | Glass and mirrors protected to 36" |
| ☑ 76. | (d)(5) | | Overhead doors–locking devices, spring protectors N/A |
| ☑ 77. | (d)(6), (f)(3) | | Exits, stairs, hallways unobstructed |
| ☑ 78. | (d)(7) | | Individual storage of clothing/bedding |
| ☑ 79. | (d)(8) | | Smoking or vaping prohibited on premises/grounds |
| ☑ 80. | (d)(8) | | Matches/lighters inaccessible |
| ☑ 81. | (d)(9) | | Electrical safety–outlets inaccessible -covered or protected (Schl age only-N/A) |
| ☑ 82. | | | TOILETING |
| | ☑ (d)(10)(A) | | Shared toilets/sinks–supervision plan |
| | ☑ (d)(10)(B) | | Toileting needs met |
| | ☑ (d)(10)(C) | | Potty chairs-nonporous, emptied, disinfected |
| | ☑ (d)(10)(C) | | Required toilets/sinks–1:16 |
| | ☑ (d)(10)(D) | | Required toilets/sinks–1:25 schl age only |
| | ☑ (d)(10)(E) | | Toileting Supplies–Hand drying-Garbage |
| | ☑ (d)(10)(E) | | Handwashing staff/children |
| | ☑ (d)(10)(F) | | Toilets/sinks located-at the facility or licensed premises |
| | ☑ (d)(10)(G) | | Well lighted/ventilated toilet rooms |
| | ☑ (d)(10)(H) | | Mechanical ventilation (Grp Homes N/A) |
| ☑ 83. | (d)(11) | | Staff personal articles inaccessible ★ |
| ☑ 84. | | | AIR TEMPERATURE |
| | ☑ (e)(1) | | Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A) |
| ☑ 85. | | | |
| | ☑ (e)(1) | | Air temp<65°F comfortable (Schl age only-N/A) |
| | ☑ (e)(2) | | Air temp > 80 °F - ↑ fluids/ventilation |
| ☑ 86. | (e)(3) | | Water temperature 60 °F – 120 °F |
| ☑ 87. | (e)(4) | | Portable space heaters prohibited |
| ☑ 88. | (e)(5) | | Walls/ceilings/floors/rugs-clean/good repair |
| ☑ 89. | (e)(5) | | Rugs- not tripping/slipping hazard |
| ☑ 90. | (e)(6) | | Hot water/Steam pipes protected |
| ☑ 91. | (e)(7) | | Working phone on each level |
| ☑ 92. | (e)(7) | | Emergency numbers posted-adjacent to phones |
| ☑ 93. | (e)(7) | | Parents provided direct on site phone number |
| ☑ 94. | | | LIGHTING |
| | ☑ (e)(8) | | All areas min. 1 foot candle of lighting |
| | ☑ (e)(9) | | Adequate lighting–30/50 candle feet–napping children-sufficient lighting to be visible |
| | ☑ (e)(9) | | Schl age only-lighting for comfort |
| | ☑ (e)(9) | | Light fixtures shielded/shatter proof |
| ☑ 95. | (e)(10) | | Potentially hazardous substances, materials – labeled, inaccessible |
| ☑ 96. | (e)(11) | | Garbage/rubbish-disposed of daily, containers in good repair |
| ☑ 97. | (e)(12) | | Stairs-protected/good repair-handrails |
| ☑ 98. | (e)(13) | | Toxic plants/materials inaccessible |
| ☐ 99. | (e)(14-15) | | Pets or other animals–in good health, written care plan including access to children |
| ☑ 100. | (e)(16) | | Prevention of vermin-openings screened |
| ☑ 101. | (e )(17) | | Radon test- Results: L. 8 N/A Results posted-Date: 1/10/2 (Schls-N/A) |
| ☑ 102. | (e)(18) | | Carbon monoxide detector-each level N/A |
| ☑ 103. | (f)(1)(A) | | Program space-adequate-35 sq. ft. per child |
| ☑ 104. | (g)(1) | | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |
| ☑ 105. | (g)(2) | | Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) |
| ☑ 106. | (g)(3) | | Air conditioners, water heaters, fuse boxes inaccessible |
| ☑ 107. | (g)(4) | | Developmentally app equipment, materials |

**CHILD CARE CENTER [illegible] INSPECTION FORM**

| PROGRAM NAME | Happy Hands Prep | LICENSE NUMBER | 70366 | | 2-19-25 |
|---|---|---|---|---|---|

**PHYSICAL PLANT 19a-79-8A cont.**

| | | | |
|---|---|---|---|
| ☑ 108. | (g)(5) | | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls ★ |
| ☐ 109. | (g)(6) | | Indoor climbing play equipment-shock absorbing materials under and around ★ |
| ☑ 110. | (j) | | No weapons/no facsimile of a firearm |
| ☐ 111. | | | OUTDOOR SPACE |
| | ☐ (h)(1) | | Adequate space- 75 sq. ft. per child |
| | ☐ (h)(2) | | Shock absorbing surfaces-minimum 8" |
| | ☐ (h)(3) | | Playground free from hazards |
| | ☐ (h)(4) | | Nuts, bolts, screws-tight, covered/protected |
| | ☐ (h)(5) | | Outside equipment anchored–anchors buried |
| | ☐ (h)(6) | | New equip- cert playg. Inspection upon request |
| | ☐ (h)(8) | | Drinking water available/accessible |
| | ☐ (h)(9) | | Equipment arranged for safety-equip/fences/structures not hazardous |
| ☐ 112. | | | OUTDOOR PROTECTED/FENCING |
| | ☐ (h)(7) | | Playground protected from traffic, water, gullies or other hazards |
| ☐ 113. | ☐ (h)(7)(A) | | Fences installed to protect from hazards-4 ft |
| | ☐ (h)(7)(B) | | Fences installed to protect from water–4 ft, self closing and self latching devices or locks |
| | ☐ (h)(7)(C) | | Rooftop play areas-6 ft. wall/barrier N/A |
| ☐ 114. | | | WATER HAZARDS |
| | ☐ (i) | | Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A |
| | ☐ (i) | | Wading pools prohibited |
| | ☐ (i) | | Hot tubs/spas/saunas-locked/inaccessible N/A |

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

| | | | |
|---|---|---|---|
| ☑ 115. | (a) | | Written daily/weekly educational plan-developmentally appropriate |
| ☑ 116. | (a) | | EDUCATIONAL REQUIREMENTS |
| | ☑ (1)-(11) | | Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity |
| | ☑ (b) | | Limited access to screen time/video games ★ |

**UNDER THREE ENDORSEMENT 19a-79-10 (Y)**

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

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

| | | | |
|---|---|---|---|
| ☑ 129. | | | LINENS/CLOTHING |
| | ☑ (f)(1) | | Linens/emergency clothing available |
| | ☑ (f)(2) | | Linens washed weekly or as needed |
| | ☑ (f)(3) | | Linens/clothing stored individually |
| | ☑ (f)(4) | | Cribs/cots cleaned-linens changed when shared |
| ☑ 130. | | | SAFE SLEEP |
| | ☑ (g)(1) | | Under 12 mths placed on back for sleeping |
| | ☑ (g)(1) | | Crib-snug fitting mattress/tightly fitted sheet |
| | ☑ (g)(1) | | Alternate sleep position/equipment-medical documentation for medical reason on file |
| | ☑ (g)(2) | | Infants allowed to adopt other sleep positions |
| | ☑ (g)(3) | | No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles |
| | ☑ (g)(4) | | No unapproved sleeping-car seats/swings/beds, etc. |
| | ☑ (g)(5) | | No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes |
| | ☑ (g)(6) | | Observe/assess infants at least every 15 minutes |
| | ☑ (g)(7) | | Teething necklaces/bracelets, jewelry inaccessible |
| | ☑ (g)(8) | | Safe sleep policies posted/parents informed |
| ☑ 131. | (h)(1) | | Infant toys-separate/washed/sanitized daily |
| ☑ 132. | (h)(1) | | Toddler toys-washed/sanitized weekly |
| ☑ 133. | (h)(2) | | No toys/objects less than 1 ¼ " diameter |
| ☑ 134. | (h)(2) | | Plastic bags/balloons/styrofoam inaccessible unless under direct supervision |
| ☑ 135. | (i)(1)(2A-C) | | Health consultant visits/documentation |
| ☑ 136. | | | FEEDING |
| | ☑ (j) | | Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle |
| | ☑ (k)(1) | | Written feeding schedule from parent-updated |
| | ☑ (k)(2) | | Unused formula/milk discarded after feedings |
| | ☑ (k)(3) | | Clean bottles/disposable bottles/appvd washing |
| | ☑ (k)(4) | | Baby food served from dish or whole jar |
| | ☑ (k)(5) | | Bottles labeled with child's name |
| ☑ 137. | (l)(1) | | Outdoor spaced fenced–4 ft lic. after 1/1/25 |
| ☑ 138. | (l)(2) | | Outdoor equipment-developmentally appropriate for ages of the children |
| ☐ 139. | (l)(3) | | Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety |

**SCHOOL AGE ENDORSEMENT 19a-79-11 (N)**

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

CHILD CARE CENTER OR GROUP CHILD CARE HOME INSPECTION FORM

| PROGRAM NAME | Happy Hands Prep | LICENSE NUMBER | 70366 | DATE OF INSPECTION | 2·19·25 |
|---|---|---|---|---|---|

**NIGHT CARE ENDORSEMENT 19a-79-12** Y/N

| | | | |
|---|---|---|---|
| ☐ 147. | (b) | Approved Night Care Endorsement | |
| ☐ 148. | (b)(1) | Person in charge-head teacher | |
| ☐ 149. | (b)(2) | Written plan for program activities- meet individual needs, sleep patterns, quiet activities | |
| ☐ 150. | (b)(3) | Written plan for supervision including cot placement and evacuation | |
| ☐ 151. | (b)(4) | Children in care no more than 12 hrs. in 24 | |
| ☐ 152. | (b)(5) | Staff awake and available | |
| ☐ 153. | | SLEEP PROVISIONS | |
| | ☐ (b)(6) | Individual cot/crib with bedding | |
| | ☐ (b)(6)(A) | Sleeping apparel/toiletries labeled | |
| | ☐ (b)(6)(B) | Required bedding | |
| | ☐ (b)(6)(C) | Required toiletries | |
| | ☐ (b)(6)(D) | Bedding/sleeping apparel laundered weekly | |
| | ☐ (b)(7) | Sleep arrangements for infants | |
| ☐ 154. | (b)(8) | Air temp 65 °F at 3 ft | |
| ☐ 155. | (b)(9) | Fire marshal approval-hours specified | |
| ☐ 156. | (b)(10) | Local health approval | |

**MONITORING OF DIABETIC CHILDREN 19a-79-9a** Y/N

| | | | |
|---|---|---|---|
| ☐ 171. | (a)(1) | Written policies and procedures | |
| ☐ 172. | | STAFF TRAINING | |
| | ☐ (b)(1)(A) | Staff training – first aid | |
| | ☐ (b)(1)(B) (i)-(iii) | Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions | |
| | ☐ (b)(2) | Training updated at least every 3 years | |
| | ☐ (b)(3) | Written documentation of training | |
| | ☐ (c)(2) | Trained staff on site when child is present | |
| ☐ 173. | (c)(3) | Self-administration - written authorization and under supervision of trained staff | |
| ☐ 174. | (d)(1) | Equipment provided by parents | |
| ☐ 175. | (d)(2) | Equipment labeled and inaccessible | |
| ☐ 176. | (d)(3) | Signed agreement with parent regarding equipment, supplies, materials to be discarded | |
| ☐ 177. | (e)(1) | Authorized prescriber written order | |
| ☐ 178. | (e)(2) | Written authorization from parent | |
| ☐ 179. | (e)(3) | Testing results and actions taken – documented and kept on file, ensure parents are notified daily | |

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

| | | | |
|---|---|---|---|
| ☑ 157. | (9a) | Written medication policies/procedures | |
| ☑ 158. | (9a) | Permit enrollment of children with asthma, allergies, diabetes | |
| ☑ 159. | | NONPRESC. TOPICAL MEDICATION | |
| | ☑ (a)(2) | Admin/Parent permission/report errors | |
| | ☑ (a)(3)(A-B) | Labeling and Storage | |
| | ☑ (a)(3)(C) | Unused/expired meds destroyed/returned | |
| ☑ 160. | | MEDICATION TRAINING | |
| | ☑ (b)(1)(A/C) | Medication training-general-oral/top/inhalant | |
| | ☑ (b)(1)(D) | Injectable premeasured autoinjector medication | |
| | ☑ (b)(1)(E) | Rectal medication | |
| | ☑ (b)(1)(F) | Injectable other than premeasured auto-injector | |
| | ☑ (b)(2)(A-B) | Training approval documents/certificates | |
| | ☑ (b)(2)(C) | Training outline on file | |
| ☑ 161. | (b)(3)(A-B) | Authorized prescriber/parent permission | |
| ☑ 162. | (b)(3)(D) | Medication errors- documentation, parent(s) and OEC notification | |
| ☑ 163. | (b)(4)(A-B) | Medication Administration Records (MAR) | |
| ☑ 164. | (b)(5)(A-B) | Labeling and Storage | |
| ☑ 165. | (b)(5)(C) | Emergency medication inaccessible | |
| ☑ 166. | (b)(5)(D) | Unused/Expired meds-destroyed/returned | |
| ☑ 167. | (b)(5)(E) | Auto-injector/inhalant equipment | |
| ☑ 168. | (b)(6) | Self-administration documentation | |
| ☑ 169. | (b)(7)(A-B) | Petition for special medication authorization | |
| ☑ 170. | (d) | Potassium Iodide (KI) emergency distribution–permission and storage N/A | |

**ADDITIONAL VIOLATION**

| | | |
|---|---|---|
| ☐ 180. | n/a | Consent Order/Negotiated Corrective Action Plan conditions N/A |

**DISCUSSIONS - COMMENTS**

★ items new regulations/ discussed at visit

Policy review checklist provided highlighting changes to the regulations. program must ensure policies are updated to reflect new regulations.

| | | | |
|---|---|---|---|
| SIGNATURE OF OEC STAFF | Betty Mayer | | SIGNATURE OF PERSON IN CHARGE |
| PRINTED NAME | Betty Mayer | Lori Murray | PRINTED NAME |

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

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 3/5/25

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Happy Hands Prep License # 70366 Date: 2·19·25

Observations/Corrections needed:

Program not in compliance when...

#19 one staff physical not observed.

#35(i)(2)(A-H) social service and health consultant contracts missing all required services.

#66 observed rusty wall vent in downstairs bathroom. Brown shelving units with children's materials not secured in both preschool classrooms on lower level.

#109 shock absorbing material under and around climbing equipment in Toddler room not observed.

Discussed: ① Medication training outline
② mechanical ventolation not working in upstairs preschool bathroom.

*playground not observed due to snow.

**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: Betty Mayer
*(OEC Representative)*
Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/5/25

Signature: [signature]
*(Person in Charge)*
Print Name: Lori Murray