



**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:	Holly Hill Child Development + Learning center	Date of Inspection:	3/25/25	Time of Arrival:	7:56
Address:	308 Peck Ln.	License Number:	16790	Expiration Date:	4/30/26
Town:	Orange 06477	Telephone Number:	203-799-6300	Summer Care:	open
Operator:	Holly Hill Child Dev. & Learning@gmail.com	# of Staff Present:	9	# over 3 Present:	12
Email:	hollyhillchildcare2010@gmail.com	Total Capacity:	112	Total Under 3 capacity:	72
Designated Director:	Deborah Fedorko	Hours/Days of Operation:	6:30am - 6:30pm		

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

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

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 4/17/23

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
12. (d)(2)(A)	Discipline policy
13. (d)(2)(B)(C)	Child Protection policy
14. (d)(3)	Closing time policy
15. (d)(4)(A)	Medical emergency policy
16. (d)(4)(B)	Multi-Hazards policy-annual drill
17. (d)(5)	Supervision policy
18. (d)(6)	General Operating policies
19. (d)(6)(C)	Administrative Oversight policy
20. (d)(7)	Personnel policies
21. (d)(1)	Daily attendance-children/staff- keep 1 yr.
22. (f)	ACCESS
23. (h)	Immediate access by parents
24. (l)	Immediate access by OEC-facility/records
25. (m)	2.8 yr olds in prek-authorization
26. (n)	Motor vehicle laws-transportation
27. (o)	Capacity
28. (o)	Respond to OEC-no false, misleading statements or documents
29.	POSTINGS
30. 3a(e)(1)	License posted
31. 3a(e)(2)	OEC Complaint Procedure posted
32. 3a(d)(6)(C)	Administrative Oversight policy
33. 3a(e)(3)	Menus posted
34. 3a(e)(4)	No Smoking posted signs at entrances
35. 3a(e)(5)	OEC Inspection report posted or available
36. 3a(e)(6)	Dev. Milestones posted
37. 7a(e)(17)	Radon Test posted (Schls-N/A)
38. 10(g)(8)	Safe Sleep policy posted

19. (a)(1) ✓	Staff health records
20. (a)(3) ✓	Disciplinary actions
21. (b)	Comprehensive Background Checks
21a. (b)(2)	Past employment history
22. (b)(4)	Evidence of compliance with bknd cks/history
23. (d)	Adequate staffing
24. (d)(1)-(e)(2)	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. (d)(4)(A)	RATIOS
28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
29. (d)(6)	Mixed age group
30. (d)(4)(D)	Nap time ratio
31. (d)(5)	Supervision-Indoors/Outdoors
32. (d)(5)(A)	GROUP SIZE
33. (d)(5)(B)	Group Size-Indoors/Outdoors
34. (e)(1)	Group Size-school age field trips/outdoors
35. (f)(1)	Mixed age group-group size
36. (f)(2)	Designated director-training
37. (a)(2)	CPR certified program staff
38. (h)(1)	First aid certified program staff
39. (h)(2)	PROFESSIONAL DEVELOPMENT
40. (4)(C)(ii-v)	Documentation of prof. dev/trainings
41. (4)(C)(i)	Health & Safety training
42. (e)(6)	1% annual hours
43. (e)(6)	SWIMMING ACTIVITIES - Y/N
44. (i)(1)(A)-(D)	Swimming-Ratios
45. (i) -	Non-swimmers identified
46. (i)(2)(A-H)	CPR certified staff-age 20 or older
47. (F)	Lifeguard-certified-supervising
48. (i)(2)	CONSULTANTS
49. (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
	Consultant agreements-signed annually-agreements complete w/required services
	Consultant logs-documented activities, observations and required services
	Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	-
Health	✓	✓	
Soc. Serv.	✓	✓	
Dietitian	-	-	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Holly Hill Child Development + Learning Center	LICENSE NUMBER 16790	DATE OF INSPECTION 3/25/25
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
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36.	(a)(1)(A-C)	Children's Enrollment information	71.	(d)(1)	Emergency vehicle access
37.		PARENT PERMISSIONS	72.	(d)(2)	Walkways maintained
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	74.	(d)(3)	Window screens
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	75.	(d)(4)	Glass/mirrors protected- 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
38.	(a)(2)(A-B)	Child Health Records	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
39.	(a)(2)(C)	Immunization records	78.	(d)(7)	Individual storage of clothing and bedding
40.	(a)(2)(E)	Individual care plan-signed by parents/staff	79.		SMOKING
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
42.	(a)(3)(B)	Parent notification of illness or injury		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality		<input checked="" type="checkbox"/> (d)(9)	Electrical safety – outlets inaccessible - covered or protected
44.	(a)(3)(D)	Notify DPH, local health-reportable diseases			TOILETING
45.	(a)(4)	Video recordings- keep 30 days	81.		Shared toilets/sinks-supervision plan

HEALTH and SAFETY 19a-79-6a	
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46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	82.		
47.	(a)(2)	Nutritious meals and snacks		<input checked="" type="checkbox"/> (d)(10)(A)	Toileting needs met
48.	(a)(3)	Proper refrigeration-41 degrees		<input checked="" type="checkbox"/> (d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
49.	(a)(4)	Menus-1 wk in advance- keep 3 mths		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
50.	(a)(5)	Food Service Inspection (N/A)		<input checked="" type="checkbox"/> (d)(10)(C)	Toileting Supplies-Hand drying-Garbage
51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
52.	(a)(7)	Separate hand washing facilities		<input checked="" type="checkbox"/> (d)(10)(E)	Toilets/sinks located at the facility
53.	(a)(8)	Multi-use eating/drinking utensils		<input checked="" type="checkbox"/> (d)(10)(F)	Well lighted/ventilated toilet rooms
54.	(a)(9)	Kitchen separated (N/A)		<input checked="" type="checkbox"/> (d)(10)(G)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
55.	(a)(10)	Children supervised during meal prep		<input checked="" type="checkbox"/> (d)(10)(H)	Staff personal articles inaccessible
56.	(a)(11)	Handwashing-staff/children	83.	(d)(11)	AIR TEMPERATURE
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	84.		Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
58.	(b)(2)	Designated isolation area	86.	(e)(1)	Air temp > 80 °F - ↑ fluids/ventilation
59.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	87.	(e)(2)	Water temperature 60°F-120°F
		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	88.	(e)(3)	Portable space heaters prohibited
		FIRST AID SUPPLIES -add'tl for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	89.	(e)(4)	WALLS/CEILING/FLOORS/RUGS
	(c)		90.	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	(d)		91.	<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
			92.	<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
			93.	<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/TELEPHONE NUMBERS
			94.	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
			95.	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
			96.	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
			97.	<input checked="" type="checkbox"/> (e)(8)	LIGHTING
			98.	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
			99.	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
			100.	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
			101.	<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
			102.	(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
			103.	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
			104.	(e)(13)	Stairs-protected/good repair-handrails
			105.	(e)(14-15)	Toxic plants/materials inaccessible
			106.	(e)(16)	Pets or other animals-in good health, written care plan including access to children
			107.	(e)(17)	Measures to prevent vermin
				(e)(18)	Radon test- Results: <u>.3</u> (Schls-N/A)
				(f)(1)(A)	Carbon monoxide detector-each level N/A
				(g)(1)	Program space-adequate-35 sq. ft. per child
				(g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
				(g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
				(g)(4)	Air conditioners/water heaters/fuse boxes inaccessible
					Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a	
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62.	(a)(2)	Fire marshal codes/certificate <u>4/19/24</u>	95.		
63.	(b)	Indoor/Outdoor space inspected/approved		<input checked="" type="checkbox"/> (e)(10)	Potentially hazardous substances, materials labeled, inaccessible
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	97.	(e)(12)	Stairs-protected/good repair-handrails
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	98.	(e)(13)	Toxic plants/materials inaccessible
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
68.	(c)(4)	Testing of premises/grounds for chemicals	100.	(e)(16)	Measures to prevent vermin
69.		WATER SUPPLY - Public/Well (Schools-N/A)	101.	(e)(17)	Radon test- Results: <u>.3</u> (Schls-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>11/17/23</u>	102.	(e)(18)	Carbon monoxide detector-each level N/A
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
70.		LEAD PAINT -		(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N Results _____	105.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan _____	106.	(g)(4)	Developmentally app equipment, materials
		Peeling Paint - Y/N Inside/Outside	107.		

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PROGRAM NAME	Holly Hill Child Development + Learning Center	LICENSE NUMBER	16790	DATE OF INSPECTION	3/25/25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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✓	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/FENCED
✓		(h)(7)	Playground protected from traffic, water, gullies or other hazards
✓		(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- (N/A)
✓		(i)	Wading pools prohibited
✓		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

✓	128.	(e)(2)	DIAPERING cont.
✓		(e)(3)	Diaper area: used only for this purpose, located in the program area
✓		(e)(4)	Diaper area: non-porous surface/good repair
✓		(e)(5)	Diaper area: washed/disinfected after use
✓		(e)(6-9)	Diaper area: disposable paper sheets
✓		(e)(7)	Covered waste receptacle-removed daily
✓		(e)(8)	Handwashing-staff/children
✓		(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
✓	129.		Cloth diapers-written plan developed
✓		(f)(1)	LINENS/CLOTHING
✓		(f)(2)	Linens/emergency clothing available
✓		(f)(3)	Linens washed weekly or as needed
✓		(f)(4)	Linens/clothing stored individually
✓	130.		Cribs/cots cleaned-linens changed when shared
✓		(g)(1)	SAFE SLEEP
✓		(g)(1)	Under 12 mths placed on back for sleeping
✓		(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
✓		(g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
✓		(g)(3)	Infants allowed to adopt other sleep positions
✓		(g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
✓		(g)(5)	No unapproved sleeping-car seats/swings/beds, etc.
✓		(g)(6)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
✓		(g)(7)	Observe/assess infants at least every 15 minutes
✓		(g)(8)	Teething necklaces/bracelets, jewelry inaccessible
✓	131.		Safe sleep policies - parents informed
✓		(h)(1)	TOYS AND OTHER OBJECTS
✓		(h)(1)	Infant toys-separate/washed/sanitized daily
✓		(h)(2)	Toddler toys-washed/sanitized weekly
✓		(h)(2)	No toys/objects less than 1 ¼ " diameter
✓		(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
✓	135.	(i)(1)(2A-C)	Health consultant visits/documentation
✓	136.	(j)	FEEDING
✓		(k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
✓		(k)(2)	Written feeding schedule from parent-updated
✓		(k)(3)	Unused formula/milk discarded after feedings
✓		(k)(4)	Clean bottles/disposable bottles/appvd washing
✓		(k)(5)	Baby food served from dish or whole jar
✓	137.	(l)(1)	Bottles labeled with child's name
✓	138.	(l)(2)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
✓	139.	(l)(3)	Outdoor equipment-developmentally appropriate for ages of the children
✓		(l)(3)	Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

✓	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
✓	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, moderate and vigorous physical activity that takes place outdoors
✓		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

✓	117.	(b)	Approved Under 3 Endorsement
✓	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
✓	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
✓	120.	(c)(4)	Physical barriers separating each group of children- 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/Pack-n-Plays -in compliance w/CPSC
✓	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

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

✓	140.	(b)	Approved Schl Age Endorsement
✓	141.	(c)	SCHEDULE - ACTIVITIES
✓		(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
✓		(c)(2)	Activities not a duplication of child's day
✓		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
✓		(d)	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

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SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N

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

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

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

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

<input checked="" type="checkbox"/>	180.	- NA	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

1) New Regulations
 2) Policy review checklist provided. Program must update all policies to reflect new regulations dated Oct 2025.
 3) All staff must complete health + safety training by 4/1/25. All new hires must complete within 3 months of hire
 4) new complaint procedure on OEC website
 5) oversight policy not posted

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff	[Signature]
Printed Name	Fil Montanye

Signature of person in charge	[Signature]
Printed Name	Deborah Fedorko

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: oc.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 4/8/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Holly Hill Child Development + Learning Center License # 16790 Date: 3/25/25

Observations/Corrections needed:

Discussion continued

6) last 3 health consultant logs have white out on several spaces

violations: Program was not in compliance with:

#5 Annual policy training for program staff when documentation of training was not observed or available for review

#21 comprehensive background checks when 1 staff currently working with children ~~needs a~~ ^(FM) has a "Needs background check" status on BCIS Roster. Staff is not current or work supervised

#35 (i)(i)(2)(A-H) Consultant agreements when the program's health consultant agreement does not have required services per new regulations dated October 2024

^(FM) #75 ~~Glass protected - 36" when windows on under 3 playground were not protected (no evidence of etching to indicated tempered glass or documentation on file)~~ ^(FM)

#8 2(d)(10)(6) ventilated toilet rooms when girls bathroom vent in ~~between~~ ^(FM) between rm's 8+9 not working properly. Vent clicks on and immediately stops working

#111 (h) ~~(4)~~ ^(FM) (4) screws covered when 3 bolts ^{un capped} on gates on side playground facing parking lot + building and large playground going toward back playground ^{posts to}

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

Signature: [Signature]
(OEC Representative)

Print Name: Fi Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 4/8/25

Print Name: Deborah Fedorko