

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

Happy Time Nursery School - NORWALK		3.31.25	8:48 am
260 New Canaan Ave		16062	3.31.29
Norwalk		2038479926	OPEN
Parkway Assembly of God, Inc	# of Staff Present: 6	# over 3 Present: 14	# under 3 Present: 11
Happytime@parkwaynorwalk.com	Total Capacity: 85	Total Under 3 capacity: 46	Ages Served: 6w-5y15
Amanda Mariano	M-F 7:30-5:30 pm		

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

<input checked="" type="checkbox"/> 1. (c)(8)	Local Health Inspection-Date: <u>4.28.25</u>	<input type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3. (b)	Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 11. (d)(2)(A)	<b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 27. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 12. (d)(1)	Discipline policy	<input checked="" type="checkbox"/> 28. (d)(6)	Mixed age group
<input checked="" type="checkbox"/> 13. (f)	Child Protection policy	<input checked="" type="checkbox"/> 29. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> 14. (h)	Closing time policy	<input checked="" type="checkbox"/> 30. (e)(1)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 15. (l)	Medical emergency policy	<input checked="" type="checkbox"/> 31. (f)(1)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> 16. (m)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 32. (f)(2)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 17. (n)	Supervision policy	<input checked="" type="checkbox"/> 33. (a)(2)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 18. (o)	General Operating policies	<input checked="" type="checkbox"/> 34. (h)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> 19. 3a(e)(1)	Administrative Oversight policy	<input checked="" type="checkbox"/> 35. (i)(1)(A)-(D)	Designated director-training
<input checked="" type="checkbox"/> 20. 3a(e)(2)	Personnel policies	<input checked="" type="checkbox"/> 35. (i)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 21. 3a(d)(6)(C)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 35. (i)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 22. 3a(e)(3)	<b>ACCESS</b>	<input checked="" type="checkbox"/> 35. (H)(i)-(I)(i)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 23. 3a(e)(4)	Immediate access by parents		Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 24. 3a(e)(5)	Immediate access by OEC-facility/records		Health & Safety training
<input checked="" type="checkbox"/> 25. 3a(e)(6)	2.8 yr olds in prek-authorization		1% annual hours
<input checked="" type="checkbox"/> 26. 7a(e)(17)	Motor vehicle laws-transportation		<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 27. 10((g)(8)	Capacity		Swimming-Ratios
	Respond to OEC-no false, misleading statements or documents		Non-swimmers identified
	<b>POSTINGS</b>		CPR certified staff-age 20 or older
	License posted		Lifeguard-certified-supervising
	OEC Complaint Procedure posted		<b>CONSULTANTS</b>
	Administrative Oversight policy		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
	Menus posted		Consultant agreements-signed annually-agreements complete w/required services
	No Smoking posted signs at entrances		Consultant logs-documented activities, observations and required services
	OEC Inspection report posted or available		Consultant visits- Education/Health
	Dev. Milestones posted		
	Radon Test posted (Schls-N/A)		
	Safe Sleep policy posted		

	Contracts	Logs	Visits
Education	INC	✓	✓
Health	✓	✓	✓
Soc. Serv.	EXP INC	EXP	
Dietitian	NA	NA	

Harvey Time Nurseries School - Norwalk

LICENSE NUMBER 16062

DATE OF INSPECTION 3.31.25

RECORD KEEPING

PHYSICAL PLANT 19a-79-7a cont.

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

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	<b>SMOKING</b>
	(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 81.	(d)(8)	Matches/lighters inaccessible
	(d)(9)	Electrical safety - outlets inaccessible - covered or protected

HEALTH and SAFETY 19a-79-6a

PHYSICAL PLANT 19a-79-7a cont.

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

<input checked="" type="checkbox"/> 82.	(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)(E)	Toileting Supplies-Hand drying-Garbage
	(d)(10)(E)	Handwashing staff/children
	(d)(10)(F)	Toilets/sinks located at the facility
	(d)(10)(G)	Well lighted/ventilated toilet rooms
	(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.	(e)(1)	<b>AIR TEMPERATURE</b>
	(e)(1)	Air temp 65°F at 3 ft -non-mercury thermometer affixed to wall
	(e)(2)	Air temp > 80°F - ↑ fluids/ventilation
	(e)(3)	Water temperature 60°F-120°F
	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 86.	(e)(5)	<b>WALLS/CEILINGS/FLOORS/RUGS</b>
<input checked="" type="checkbox"/> 87.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 88.	(e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/> 89.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 90.	(e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
<input checked="" type="checkbox"/> 91.	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/> 92.	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 93.	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 94.	(e)(8)	<b>LIGHTING</b>
	(e)(8)	All areas min. 1 foot candle of lighting
	(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
	(e)(9)	Enough lighting for comfort
	(e)(10)	Light fixtures shielded/shatter proof
	(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
	(e)(13)	Stairs-protected/good repair-handrails
	(e)(14-15)	Toxic plants/materials inaccessible
	(e)(16)	Pets or other animals-in good health, written care plan including access to children
	(e)(17)	Measures to prevent vermin
	(e)(18)	Radon test- Results: 0.3 (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
	(g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 171424
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	(c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
	(c)(5)(B)	Lead Water Test - Date: 3.21.24
	(c)(5)(C)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	Drinking water available/accessible
	(c)(6)(B-D)	<b>LEAD PAINT</b>
		Building Pre-78: Y/N Lead Test: Y/N
		Results NO LEAD
		Lead Management Plan N/A
		Peeling Paint - Y/N Inside/Outside

<input checked="" type="checkbox"/> 95.	(e)(11)	
<input checked="" type="checkbox"/> 96.	(e)(12)	
<input checked="" type="checkbox"/> 97.	(e)(13)	
<input checked="" type="checkbox"/> 98.	(e)(14-15)	
<input checked="" type="checkbox"/> 99.	(e)(16)	
<input checked="" type="checkbox"/> 100.	(e)(17)	
<input checked="" type="checkbox"/> 101.	(e)(18)	
<input checked="" type="checkbox"/> 102.	(f)(1)(A)	
<input checked="" type="checkbox"/> 103.	(g)(1)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

**CHILD CARE CENTER - GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Happy Time Nursery School - Norway	<b>LICENSE NUMBER</b>	11062	<b>DATE OF INSPECTION</b>	3.31.25
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**PHYSICAL PLANT 19a-79-7a cont.**      **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

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

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

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

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
		<input checked="" type="checkbox"/> (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
		<input checked="" type="checkbox"/> (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

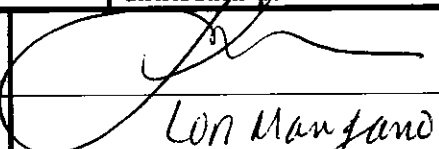
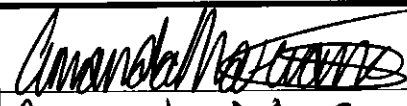
**UNDER THREE ENDORSEMENT 19a-79-10 Y/N**

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		<b>DIAPERING</b>
		<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

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

<input type="checkbox"/>	140.	(b)	<b>Approved Schl Age Endorsement</b> <b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
<input type="checkbox"/>	141.	(c)	
		<input type="checkbox"/> (c)(1)	
		<input type="checkbox"/> (c)(2)	
		<input type="checkbox"/> (c)(3)	
		(d)	
		(e)	
<input type="checkbox"/>	143.		
<input type="checkbox"/>	144.		

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>		Happy Time NS-Norwalk		<b>LICENSE NUMBER</b>	16062	<b>DATE OF INSPECTION</b>	3.31.25
<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				<b>MONITORING OF DIABETES 19a-79-13</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 171.	(a)(1)	<b>Written policies and procedures</b> <b>STAFF TRAINING</b> 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 type="checkbox"/> 146.	(g)		<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)			
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> (b)(2)			
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 173.	(c)(3)			
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 174.	(d)(1)			
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 175.	(d)(2)			
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 176.	(d)(3)			
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 177.	(e)(1)			
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 178.	(e)(2)			
<input type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> 179.	(e)(3)			
	<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					
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				<b>ADDITIONAL VIOLATION</b>			
<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes <b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned <b>MEDICATION TRAINING</b> Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution—permission and storage (N/A)	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)		
<input checked="" type="checkbox"/> 158.	(9a)						
<input checked="" type="checkbox"/> 159.	<input checked="" type="checkbox"/> (a)(2) <input checked="" type="checkbox"/> (a)(3)(A-B) <input checked="" type="checkbox"/> (a)(3)(C)						
<input checked="" type="checkbox"/> 160.	<input checked="" type="checkbox"/> (b)(1)(A/C) <input checked="" type="checkbox"/> (b)(1)(D) <input checked="" type="checkbox"/> (b)(1)(E) <input checked="" type="checkbox"/> (b)(1)(F) <input type="checkbox"/> (b)(2)(A-B) <input checked="" type="checkbox"/> (b)(2)(C)						
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)						
<input checked="" type="checkbox"/> 162.	(b)(3)(D)						
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)						
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)						
<input checked="" type="checkbox"/> 165.	(b)(5)(C)						
<input checked="" type="checkbox"/> 166.	(b)(5)(D)						
<input checked="" type="checkbox"/> 167.	(b)(5)(E)						
<input checked="" type="checkbox"/> 168.	(b)(6)						
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)						
<input checked="" type="checkbox"/> 170.	(d)						
<b>Signature of OEC staff</b>				<b>Signature of person in charge</b>			
							
<b>Printed Name</b>				<b>Printed Name</b>			
Lon Manzano				Amanda Mariano			
<b>OEC DIVISION OF LICENSING</b>				<b>Inspection shall be posted or available for review upon request.</b>			
450 Columbus Blvd, Suite 302, Hartford, CT 06103				<b>Written Corrective Action Plan</b>		<b>CAP:</b> <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>	
Help Desk: (800)282-6063 or (860)500-4450				Due by:			
Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:ocf.licensing@ct.gov">ocf.licensing@ct.gov</a>				4.14.25			

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Happy Time Nursery School - Norwalk License # 16002 Date: 3.31.25

Observations/Corrections needed: Regulation not met when....

- (2)<sup>(a)</sup> No supervision plan provided to OEC for children under 3 in playground with rubber mulch.
- (5)(b)(6) - Director stated staff have not received annual policy training of all policies since her arrival to program
- (10)(c)(1-4) - No notification of change provided for installed playground climber or change of use of 2 classrooms to storage areas.
- (19)(a)(1) - 2 staff without current health record that are complete. 1 without a record and other has incomplete one.
- (2)(b) - 1 staff working with children and does not have a complete background check through OEC.
- (35)(i)(1)(A)-(D) & (1)-(1)(2)(A-H) & (F) - Social Service contract expired 3.5.25 / Education and SS contract does not include all required services / Annual reviews expired for Social Service <sup>(send copy)</sup>
- (40)(a)(2)(E) - 2 individual care plans without staff signature of those responsible for child's care and 1 missing a staff signature.
- (59)(c) - First aid kit missing 3-4" gauze squares & 2 cold packs. (same kit used in all classrooms no indoor/outdoor kit) Kits contain hydrocortisone, ammonia inhalants and triple antibiotic ointments.
- (6)(c)(2) - last hall bathroom missing section of radiator and exposing sharp edges / T1-radiator corners not protected / 4s-cubbies and shelving unit not anchored / 2s shelf not secured / Beginners i cord not secured / fan vents dusty in staff bathrooms and child bathroom
- (82)(d)(10)(C) - potty seats not emptied and disinfected after use in both 2s rooms. 1 had urine and toilet paper in plastic bag in toilet and other had urine in toilet seat.
- (d)(10)(E) - Child hall bathroom at end of hall has no soap at all.

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: \_\_\_\_\_

Print Name: \_\_\_\_\_

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4.14.25

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

(OEC Representative)

(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Happy Time Nursery School Nowalk License # 16062 Date: 9.31.25

Observations/Corrections needed: Continued... regulation not met when...

(11)(h)(2)- Impact absorbing material measures 1"-2 1/2" under and around climber/  
(h)(4)- screws protruding at base of multiple climber posts (photos taken)/(h)(3)-  
peeling paint throughout metal car. Mesh liner exposed in several areas posing  
tripping hazard.

(12)(d)(1)(A-C)- Big 2s - <sup>handwashing</sup> Sinks used to wash materials. Bin and trays observed. Little 2s


(12)(e)(2)- Big and Little 2s are storing supplies all over changing tables. (FA Kit,  
wipes, gloves, toilet paper rolls, forks and spoons - <sup>Big 2s</sup> cleaners and markers and many other supplies)

(16)(b)(3)(A-B)- 1 child with incomplete parent section on epi-pen and diphenhydramine  
withunzation forms and incomplete child address


33 (a)(2)- 2 staff without documentation of new employee orientation on file.

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:   
(OEC Representative)  
Print Name: Lin Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO  
OEC BY: 4.14.25

Signature:   
(Person in Charge)  
Print Name: Amanda Mariano