

**CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING**



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

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

<b>Program Name:</b>	Just A Helping Hand	<b>Date of Inspection:</b>	3.17.26	<b>Time of Arrival:</b>	10:13
<b>Address:</b>	143 Mulberry St	<b>License Number:</b>	80011	<b>Expiration Date:</b>	2.29.28
<b>Town:</b>	Stamford	<b>Telephone Number:</b>	203 545 8339	<b>Summer Care:</b>	OPEN
<b>Operator:</b>	Just A Helping Hand LLC	<b># of Staff Present:</b>	3	<b># over 3 Present:</b>	0
<b>Email:</b>	davette_stephens@yahoo.com	<b>Total Capacity:</b>	12	<b>Total Under 3 capacity:</b>	12
<b>Designated Director:</b>	Davette Stephens	<b>Hours/Days of Operation:</b>	7am - 6pm		
<b># under 3 Present:</b>					9
<b>Ages Served:</b>					bw-5yrs

**Instruction Codes:** ✓ = Regulation in Compliance    0 = 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: 2.11.25

**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-COMLETE/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 in prek-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
  - 3a(e)(1) License posted
  - 3a(e)(2) OEC Complaint Procedure posted
  - 3a(d)(6)(C) Administrative Oversight policy
  - 3a(e)(3) Menus posted
  - 3a(e)(4) No Smoking posted signs at entrances
  - 3a(e)(5) OEC Inspection report posted or available
  - 3a(e)(6) Dev. Milestones posted
  - 7a(e)(17) Radon Test posted
  - 10(g)(8) Safe Sleep policy posted

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)-(e)(2)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- (d)(4)(B)
- (d)(6)
- 28. (d)(4)(D)
- 29. (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- (e)(1)
- 30. (f)(1)
- 31. (f)(2)
- 32. (f)(2)
- 33. (a)(2)
- (b)(1)
- (h)(2)
- (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- 35. (i)(1)(A)-(D)
- (i) -
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

- Staff health records
  - Disciplinary actions
  - Comprehensive Background Checks
  - Past employment history
  - Evidence of compliance with bknd cks/history
  - Adequate staffing
  - Designated head teacher-approved-60%
  - Two staff present-age 18 or older
  - Personal qualities of staff
  - RATIOS**
  - Ratio 1:10 - Indoors/Outdoors
  - Mixed age group
  - Nap time ratio
  - Supervision-Indoors/Outdoors
  - GROUP SIZE**
  - Group Size-Indoors/Outdoors
  - Group Size-school age field trips/outdoors
  - Mixed age group-group size
  - Designated director-training
  - CPR certified program staff
  - First aid certified program staff
  - PROFESSIONAL DEVELOPMENT**
  - Documentation of prof. dev/trainings
  - Health & Safety training
  - 1% annual hours
  - SWIMMING ACTIVITIES - Y/N**
  - Swimming-Ratios
  - Non-swimmers identified
  - CPR certified staff-age 20 or older
  - Lifeguard-certified-supervising
  - CONSULTANTS**
  - 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** Just A Helping Hand      **LICENSE NUMBER** 80011      **DATE OF INSPECTION** 4.17.26

**RECORD KEEPING 19a-79-5a**

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

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

71. (d)(1)  
 72. (d)(2)  
 73. (d)(3)  
 74. (d)(3)  
 75. (d)(4)  
 76. (d)(5)  
 77. (d)(6), (f)(3)  
 78. (d)(7)  
 79. (d)(8)  
 81. (d)(8)  
 82. (d)(9)

Emergency vehicle access  
 Walkways maintained  
 Windows protected to prevent falls  
 Window screens  
 Glass/mirrors protected- 36"  
 Overhead doors-locking devices, spring protectors (N/A)  
 Exits, stairs, hallways unobstructed  
 Individual storage of clothing and bedding  
**SMOKING**  
 Smoking, vaping or other electronic nicotine device prohibited on premises/grounds  
 Matches/lighters inaccessible  
 Electrical safety - outlets inaccessible - covered or protected

**HEALTH and SAFETY 19a-79-6a**

82. (d)(10)(A)  
 (d)(10)(B)  
 (d)(10)(C)  
 (d)(10)(C)  
 (d)(10)(E)  
 (d)(10)(E)  
 (d)(10)(F)  
 (d)(10)(G)  
 (d)(10)(H)  
 83. (d)(11)  
 84. (e)(1)  
 (e)(2)  
 (e)(3)  
 86. (e)(4)  
 87. (e)(5)  
 88. (e)(5)  
 (e)(6)  
 (e)(7)  
 (e)(7)  
 (e)(7)  
 (e)(8)  
 (e)(9)

**TOILETING**  
 Shared toilets/sinks-supervision plan  
 Toileting needs met  
 Potty chairs-nonporous, emptied, disinfected  
 Required toilets/sinks-1:16  
 Toileting Supplies-Hand drying-Garbage  
 Handwashing staff/children  
 Toilets/sinks located at the facility  
 Well lighted/ventilated toilet rooms  
 Mechanical ventilation (after 1/1/94) (Grp Homes N/A)  
 Staff personal articles inaccessible

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 (N/A)  
 52. (a)(7) Separate hand washing facilities  
 53. (a)(8) Multi-use eating/drinking utensils  
 54. (a)(9) Kitchen separated (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  
 (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  
 (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

**AIR TEMPERATURE**  
 Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall  
 Air temp > 80 °F - ↑ fluids/ventilation  
 Water temperature 60°F-120°F  
 Portable space heaters prohibited  
**WALLS/CEILINGS/FLOORS/RUGS**  
 Walls/ceilings/floors/rugs-clean/good repair  
 Rugs- not a tripping/slipping hazard  
 Hot water/Steam pipes protected  
**TELEPHONE/TELEPHONE NUMBERS**  
 Working phone on each level  
 Emergency numbers posted-adjacent to phones  
 Parents provided direct on site phone number

**PHYSICAL PLANT 19a-79-7a**

90. (e)(6)  
 91. (e)(7)  
 (e)(7)  
 (e)(7)  
 94. (e)(8)  
 (e)(9)  
 (e)(9)  
 (e)(9)  
 (e)(9)  
 95. (e)(10)  
 96. (e)(11)  
 97. (e)(12)  
 98. (e)(13)  
 99. (e)(14-15)  
 100. (e)(16)  
 101. (e)(17)  
 102. (e)(18)  
 103. (f)(1)(A)  
 104. (g)(1)  
 105. (g)(2)  
 106. (g)(3)  
 107. (g)(4)

**LIGHTING**  
 All areas min. 1 foot candle of lighting  
 Adequate lighting-30/50 candle feet-sufficient lighting to be visible  
 Enough lighting for comfort  
 Light fixtures shielded/shatter proof  
 Potentially hazardous substances, materials labeled, inaccessible  
 Garbage/rubbish-disposed of daily, containers in good repair  
 Stairs-protected/good repair-handrails  
 Toxic plants/materials inaccessible  
 Pets or other animals-in good health, written care plan including access to children  
 Measures to prevent vermin  
 Radon test- Results: 0.2 (Schls-N/A)  
 Carbon monoxide detector-each level N/A  
 Program space-adequate-35 sq. ft. per child  
 Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust  
 Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)  
 Air conditioners/water heaters/fuse boxes inaccessible  
 Developmentally app equipment, materials

62. (a)(2) Fire marshal codes/certificate 4/16/25  
 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  
 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (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: 4.25.25  
 (c)(5)(B) Bact./Chem Test-Date: \_\_\_\_\_ (N/A)  
 (c)(5)(C) Drinking water available/accessible  
 70. (c)(6)(A) **LEAD PAINT** - Building Pre-78: Y(N) Lead Test: Y(N) Results \_\_\_\_\_  
 (c)(6)(B-D) Lead Management Plan \_\_\_\_\_  
 Peeling Paint - Y(N) Inside/Outside

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<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 type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input 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 playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-
<input type="checkbox"/>	112.		<b>OUTDOOR PROTECTED/FENCED</b>
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input 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 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)

**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 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

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

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

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

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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>	Y/N	<b>MONITORING OF DIABETES 19a-79-13</b>		Y/N	

<input type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/>	146.	(g) N/A	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	172.	(b)(1)(A)	<b>STAFF TRAINING</b>
		(b)(1)(B)	Staff training – first aid
		(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
<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
		(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>	174.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	175.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	176.	(d)(3)	Authorized prescriber written order
<input checked="" type="checkbox"/>	177.	(e)(1)	Written authorization from parent
<input checked="" type="checkbox"/>	178.	(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>	179.	(e)(3)	

**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) N/A	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.		<b>SLEEP PROVISIONS</b>
		(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
<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

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


<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.		<b>NONPRESC. TOPICAL MEDICATION</b>
		(a)(2)	Admin/Parent permission/report errors
		(a)(3)(A-B)	Labeling and Storage
		(a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.		<b>MEDICATION TRAINING</b>
		(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
<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)

**ADDITIONAL VIOLATION**

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

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

<b>Signature of OEC staff</b>	
<b>Printed Name</b>	Lon Margano

<b>Signature of person in charge</b>	
<b>Printed Name</b>	MARITZA MONROE

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](http://www.ctoec.org/licensing) Email: [oec.licensing@ct.gov](mailto:oec.licensing@ct.gov)

Inspection shall be posted or available for review upon request.	
Written Corrective Action Plan Due by: 3.31.26	CAP: <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>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Just A Helping Hand License # 80011 Date: 3.17.26

Observations/Corrections needed:

Program not in compliance when...

- (11) (a)(2)(A) - Discipline policy does not meet state regulation compliance.
- (35) (1)(2) - Education consultant did not visit in 2025.
- (130) (g)(8) - 2 out of 8 infants did not have documentation on file that parents were informed of safe sleep policy.

Discussion

- Staff professional development log # of hours = 1%

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: Lori Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 331.26

Print Name: MARITZA MUNRO