

Program Inspection Compliance Plan

Provider's Name: **Happy Hearts**

City: **Hartford**

Provider Number: **018028715**

Inspector: **Chandra VanHout**

Date of Inspection: **05/02/2024**

Time of Inspection: **10:22 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

B. Provider Practices

15. Is written consent obtained from each child ' s parent before administering all prescription and non-prescription medication? Does the consent include the child ' s name, name of medication and the dates, times, and dosage of the medication to be administered? 67:42:17:27

Corrections To Be Made:

One written consent form for a medication was expired.

Written consent must be obtained from each child's parent before administering all prescription and non-prescription medication.

The provider obtained a new written consent form.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

05/16/2024

Status: **Corrected**

Actual
Completion
Date:

05/15/2024

18. A re medications provided by the parent kept in their original container with the original label? For prescription medications, does the label include the child ' s name, instructions including the amount and frequency, expiration date, and physician or licensed practitioner ' s name? 67:42:17:27

Corrections To Be Made:

One prescription medication (epi-pen) was not in the original container.

Medications must be kept in their original container with original label.

The provider obtained the original container for the epi-pen.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

05/16/2024

Status: **Corrected**

Actual
Completion
Date:

05/15/2024

**Posting Information/ Emergency Preparedness/ Record Keeping/ Provider
C. Qualifications**

35. Does each child ' s record contain all required information? 67:42:17:42

<p>Corrections To Be Made:</p> <p>KE - Immunization Records CH - Immunization Records MH - Immunization Records MK - Immunization Records LM - Immunization Records NM - Immunization Records RS - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <p>Suggested Completion Date: 05/23/2024</p> <p>Actual Completion Date: 06/14/2024</p> <p>Status: Corrected</p>
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36. Do children ' s records include names of authorized individuals to pick up the children; health information including allergies or special needs; start and end date of enrollment? 67:42:17:42

<p>Corrections To Be Made:</p> <p>Some of the child records did not include the end date of enrollment.</p> <p>Children's records must include the start and end date of enrollment.</p> <p>The provider added the end date of enrollment for all applicable records.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <p>Suggested Completion Date: 05/23/2024</p> <p>Actual Completion Date: 06/14/2024</p> <p>Status: Corrected</p>
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39. Do employee records contain all required information? 67:42:17:15

<p>Corrections To Be Made:</p> <p>KD - C A/N Report Statement</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <p>Suggested Completion Date: 05/23/2024</p> <p>Actual Completion Date: 06/14/2024</p> <p>Status: Corrected</p>
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Linda McMahon

Provider Signature

05/02/2024

Date

Chandra VanHout

Inspector Signature

05/02/2024

Date