



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oe.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	LITTLE LEARNERS EARLY LEARNING CENTER				License Number	DCCC.70201	Date of Inspection	05/29/2024		
					Expiration Date	9/30/2026	Time of Inspection	11:48 AM		
Address	451 MERIDEN RD WATERBURY CT 06705-2248				Telephone	(203) 805-4265	Licensed Capacity	46		
					Hours of Operation	MONDAY-FRIDAY 6:30 AM TO 6:30 PM	Infant/Toddler Capacity	16		
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open		
New Address					Minimum Age Served	6 weeks	Maximum Age Served	12 years	Water Supply	Public Water
					Program's Email	LittleLearners203@gmail.com				
Operator	NEW HORIZON KIDS, LLC				Name of Inspector	Kristi Morgan				
Director	JANELLE JORDAN				Inspector's Email	kristi.morgan@ct.gov				
Key:	Compliant = X	# of Infants - Toddlers Present	5	# of Total Children Present	11	# of Staff Present	3	Type of Inspection	UNANNOUNCED INSPECTION - FULL	
Non-Compliant = O										

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date: 05/23/2024	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

X	1b. Administration	
X	1bb. Capacity	
X	2. New Staff – Employee Orientation	
X	3. Annual Staff Policy Training	
X	3b. Managing child behavior	
X	4. Documentation of Behavior M. Tech Discussed w/parents	
X	4b. Failure to report	

X	5. Notification of Change	
X	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
X	7. Daily Attendance Records- staff and children	
ITEMS POSTED – ACCESSIBLE		
X	8. License	
X	9. Fire Marshal certificate	
	Date	11/01/2023
X	10. OEC Complaint procedure	
X	11. Food Service Certificate	N/A?
	Date	12/31/2024
X	12. Menus	
O	13. Emergency plans	Failed to post emergency plans in a conspicuous location.
X	14. No Smoking Signs	
X	15. Radon Test	N/A?
	Date	Results
	12/31/2021	1.5
X	15a. Developmental Milestones	
X	15b. Access	
X	15bb. Endorsements	
STAFFING 19a-79-4a		
X	15c. Staffing	
O	16. Staff Health records – TB tests	Failed to maintain current medical statements for 2 staff.
X	17. Professional development	
X	18. Disciplinary actions	
X	18b. Background checks	

<input type="radio"/>	19. Designated Head Teacher	Failed to maintain an approved head teacher on site for 60% of the operating hours. Head teacher not consistently signing in and out so hours could not be verified.				
<input checked="" type="checkbox"/>	20. Two Staff present					
<input checked="" type="checkbox"/>	20a. Staff Qualities					
<input checked="" type="checkbox"/>	21. Ratio: 1 staff to 10 children					
<input checked="" type="checkbox"/>	21b. Supervision					
<input checked="" type="checkbox"/>	22. Group Size – maximum 20 children					
<input checked="" type="checkbox"/>	23. Designated director - Training					
<input checked="" type="checkbox"/>	24. CPR Certified Staff (Group Home N/A)					
<input checked="" type="checkbox"/>	25. First Aid Trained Staff					
<input checked="" type="checkbox"/>	26. Consultants- Agreements and Contracts					
<input checked="" type="checkbox"/>	27. Logs – Visits documented					
	Not in Compliance?	Education	Health	Social Service	Dental	Dietician N/A? <input checked="" type="checkbox"/>
	Contracts					
	Logs				<input type="radio"/>	
	Do they take children swimming?	N SWIMMING				
<input checked="" type="checkbox"/>	28. Non-swimmers identified					
<input checked="" type="checkbox"/>	29. Staff/Child Ratios					
<input checked="" type="checkbox"/>	30. CPR certified staff (20 years of age)					
<input checked="" type="checkbox"/>	31. Lifeguard certified - supervision					
RECORD KEEPING 19a-79-5a						
<input checked="" type="checkbox"/>	32. Enrollment information					
<input checked="" type="checkbox"/>	33. Emergency medical permission					
<input checked="" type="checkbox"/>	34. Authorized release permission					
<input checked="" type="checkbox"/>	35. Field trip permission					
<input checked="" type="checkbox"/>	36. Transportation permission					

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain current health records for 1 child; 1 child's physical missing the documentation of a TB screening.	
<input type="radio"/>	38. Individual care plan (signed by parents and staff)	Failed to maintain individual care plans for one child with asthma listed on their physical.	
<input checked="" type="checkbox"/>	39. Injury, Illness, Accident reports		
HEALTH AND SAFETY 19a-79-6a			
<input checked="" type="checkbox"/>	40. Nutritious snacks and meals (required food groups)		
<input checked="" type="checkbox"/>	41. Proper refrigeration (max 45°)		
<input checked="" type="checkbox"/>	42. Kitchen separated	N/A?	
<input type="radio"/>	43. Hand washing – before eating or food handling	Failed to ensure children wash their hands before eating or handling food with soap and water. Observed teacher change child's diaper and place the child directly into the high chair to eat lunch without washing the child's hands.	
<input checked="" type="checkbox"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
PHYSICAL PLANT 19a-79-7a			
<input type="radio"/>	45. License premises – clean, good repair, hazard free	Failed to maintain the building, equipment and services. Observed unclean cots in the infant room, and bathroom closet door falling off hinges in the toddler room bathroom.	
<input checked="" type="checkbox"/>	47b. Plans for new construction, expansion, renovation or conversion		
<input checked="" type="checkbox"/>	48. Sanitary drinking fountains – disposable cups		
<input checked="" type="checkbox"/>	49. Lead Water Test (N/A?) 09/25/2023	Bacterial/Chemical Test (N/A?)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	50. Walkways maintained		
<input checked="" type="checkbox"/>	51. Designated staff toilet/sink		
<input checked="" type="checkbox"/>	52. All openings for ventilation screened		
<input checked="" type="checkbox"/>	53. Windows protected to prevent falls		
<input checked="" type="checkbox"/>	54. Glass protected up to 36"		
<input checked="" type="checkbox"/>	55. Overhead doors – locking devices, spring protectors		
<input checked="" type="checkbox"/>	56. Exits, Hallways and Stairs unobstructed		

X	57. Individual storage of clothing and bedding	
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
X	60. Electrical safety – outlets/cords	
X	61. Toileting needs met	
X	62. Required toilets, sinks, supplies	
X	63. Potty chairs – nonporous, emptied, disinfected	
X	64. Hand washing after toileting – staff and children	
X	65. Ventilation in toilet rooms	
X	66. Air temperature 65 degrees, thermometer affixed	
X	67. Water temperature 60° – 115°	
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
X	70. Rugs secure	
X	71. Hot water, steam pipes protected	
X	72. Working phone on each level	
X	73. Emergency numbers posted	
X	74. Adequate lighting - 50/30 candle feet	
X	75. Light fixtures shielded, shatter proof	
O	76. Potentially hazardous substances locked	Failed to ensure that potentially hazardous substances are stored in a locked area. Observed unlocked Febreze in hallway cabinet; 2 boxes of swiffer pads, concrete filler, and odor ban in the toddler room; carpet cleaner, disinfectant wipes and medications unlocked in the office.
X	77. Garbage, rubbish disposed daily	

X	78. Stairs protected, good repair, handrails	
X	79. Pets – maintained, care plan	Y/N N
X	80. Operable CO detector on each level	N/A? Y
X	81. Program space-adequate square footage per child	
X	82. Equipment clean, good repair, safe, non-toxic	
X	83. Cots stored, maintained, adequate number	
X	84. Developmentally appropriate equipment	
X	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N
X	86. No weapons, no facsimile of a firearm on premises	
OUTDOOR SPACE		
X	87. Outdoor space - adequate square footage per child	
○	88. Impact absorbing material under equipment	Failed to ensure a minimum of 8 inches of impact absorbing materials under playscape.
○	89. Playground free from hazards	Failed to ensure the playground is free of glass, debris, holes and other hazards. Observed gate by building not latching properly; standing dirty water in a water table by the building.
X	92. Equipment anchored, safely arranged	
X	93. Outdoor play area protected, fenced	
X	94. Drinking water available, accessible	
EDUCATIONAL REQUIREMENTS 19a-79-8a		
X	95. Written plan for daily program available to parents/staff	
X	96. Schedule – Activity choices and Program	Activity choices: developmentally appropriate, flexible, meets individual needs Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up
ADMINISTRATION OF MEDICATIONS 19a-79-9a		
X	97. Written policies, procedures	
X	98. Training outline on file	

NONPRESCRIPTION TOPICAL MEDICATIONS						
X	99. Administration, parent permission, MAR					
X	100. Labeling, storage					
ORAL/TOPICAL/INHALENT MEDICATIONS						
X	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">O/T/I</td> <td style="width: 90%; text-align: center;">Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>	O/T/I	Injectable	Y	Y	
O/T/I	Injectable					
Y	Y					
X	102. Authorized prescriber, parent permission, MAR					
X	103. Labeling, storage					
X	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
X	105. Authorized prescriber, parent permission, MAR					
X	106. Labeling, storage					
X	107. Approved petition for special medication authorization					
Yes	Is there an approved endorsement?	INFANT/TODDLER ENDORSEMENT 19a-79-10				
X	109. Approved endorsement					
X	110. Ratio: 1 staff to 4 children					
X	111. Group size: no larger than 8					
X	112. Physical barriers, groups of 8 (indoors and outdoors)					
O	113. Adequate sinks in program space	Failed to designate sinks for diaper changing and hand washing of staff and children. Observed a rag in the hand wash only sink in the infant room.				
X	114. Free standing, well-constructed, safe cribs					
X	115. Washable cots					
O	116. Chairs for feeding, stable, safety straps, locking tray	Failed to utilize safety straps on all high chairs when 2 children were observed In high chairs with safety straps not used.				
X	117. Developmentally appropriate tables, chairs, equipment					
X	118. Refrigerators and food prop facilities					

<input checked="" type="checkbox"/>	119. Diaper area- sturdy, safety rail, nonporous, exclusive use					
<input type="checkbox"/>	120. Diaper area- washed, disinfected	Failed to ensure the diaper area is washed and disinfected after each use.				
<input checked="" type="checkbox"/>	121. Diaper area- disposable paper sheets					
<input checked="" type="checkbox"/>	122. Covered waste receptacle					
<input checked="" type="checkbox"/>	123. Diaper changing policy posted, followed					
<input type="checkbox"/>	124. Hand washing policy posted, followed	Failed to ensure the handwashing policy is posted in the infant room; Observed staff and child's hands not washed after a diaper change.				
<input checked="" type="checkbox"/>	125. Individual storage of personal items					
<input checked="" type="checkbox"/>	126. Cribs/cots washed and disinfected					
<input checked="" type="checkbox"/>	127. Under 12 months- placed on back for sleeping					
<input checked="" type="checkbox"/>	128. Alternate sleep position- equipment, medical documentation	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>X</td> </tr> </table>	Yes	No		X
Yes	No					
	X					
<input checked="" type="checkbox"/>	129. Crib, bed used for infant sleeping					
<input checked="" type="checkbox"/>	130. Crib, bed free from observable hazards					
<input checked="" type="checkbox"/>	131. Infant toys separate, washed, disinfected daily					
<input checked="" type="checkbox"/>	132. No toys, objects less than 1/1/4" diameter					
<input checked="" type="checkbox"/>	133. Plastic bags, balloons, Styrofoam objects inaccessible					
<input checked="" type="checkbox"/>	134. Health consultant, doc. of visits					
<input checked="" type="checkbox"/>	135. Infants held for bottles, indiv. attention, tummy time					
<input checked="" type="checkbox"/>	136. Written statement, feeding schedule from parent					
<input checked="" type="checkbox"/>	137. Unused portions of liquids discarded					
<input checked="" type="checkbox"/>	138. Clean Bottles, disp. bottles, approved bottle washing					
<input checked="" type="checkbox"/>	139. Food served from dish or whole jar served					
<input checked="" type="checkbox"/>	140. Bottles individually identified with child's name					

OUTDOOR PLAY SPACE - UNDER THREE

X	141. Play space fenced	
X	142. Outdoor equipment developmentally appropriate	
Yes	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
X	143. Approved endorsement	
X	144. Activity choices appropriate	
X	145. Ratio – 1 staff to 10 children	
X	146. Group size – maximum 20 children	
X	147. Education Consultant appropriate	
No	Is there an approved endorsement?	NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)
	148. Approved endorsement	
	149. Written program plan, supervision	
	150. Staff awake and available	
	151. Cot, crib, bedding, toiletries, sleep apparel	
	152. Individual storage of personal items	
	153. Bedding, sleeping apparel laundered weekly	
N	Child with diabetes enrolled?	MONITORING OF DIABETES 19a-79-13
X	154. Written policies and procedures	
X	155. On site staff trained in first aid, glucose testing	
X	156. Training current and documented	
X	157. Supervision of self-administration	
X	158. Equipment, supplies labeled and inaccessible	

X	159. Signed agreement with parents regarding equipment	
X	160. Materials discarded appropriately	
X	161. Authorized prescriber, parent permission	
X	162. Documentation of test results, actions taken	
X	163. Daily written parent notification	

ADDITIONAL VIOLATIONS

	62. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	



YES or NO?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

- Observed 1 unlabeled bottle.
- Review of policy, plans and procedures not documented by the dental consultant.
- Observed 1 stained ceiling tile.
- Current fire marshal certificate observed but not posted.

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.
APPLICANTS: You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of Person in Charge)	DATE CORRECTIONS DUE BY:
Kristi Morgan (Printed Name)	Janelle Jordan (Printed Name)	06/12/2024