



## 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](mailto:oe.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

<b>Program Name</b>	<b>AFFORDABLE CHILD CARE LEARNING CENTER</b>				<b>License Number</b>	<b>DCCC.70419</b>	<b>Date of Inspection</b>	<b>06/13/2024</b>		
					<b>Expiration Date</b>	<b>7/31/2026</b>	<b>Time of Inspection</b>	<b>10:39 AM</b>		
<b>Address</b>	<b>255 BARBOUR ST HARTFORD CT 06120-1705</b>				<b>Telephone</b>	<b>(860) 519-0549</b>	<b>Licensed Capacity</b>	<b>63</b>		
					<b>Hours of Operation</b>	<b>M - F 5:30AM-8PM</b>	<b>Infant/Toddler Capacity</b>	<b>40</b>		
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>			<b>Summer Care</b>	<b>Open</b>		
<b>New Address</b>					<b>Minimum Age Served</b>	<b>6 weeks</b>	<b>Maximum Age Served</b>	<b>12 years</b>	<b>Water Supply</b>	<b>Public Water</b>
					<b>Program's Email</b>	<b>affordablelearninghartford@gmail.com</b>				
<b>Operator</b>	<b>AFFORDABLE CHILDCARE LEARNING CENTER, LLC</b>				<b>Name of Inspector</b>	<b>Johanne Dalo</b>				
<b>Director</b>	<b>NICOLE PERRY</b>				<b>Inspector's Email</b>	<b>johanne.dalo@ct.gov</b>				
<b>Key:</b>	<b>Compliant = X</b>	<b># of Infants - Toddlers Present</b>	<b>32</b>	<b># of Total Children Present</b>	<b>50</b>	<b># of Staff Present</b>	<b>15</b>	<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>	
	<b>Non-Compliant = O</b>									

#### LICENSURE PROCEDURES 19a-79-2a

<b>X</b>	<b>1. Local Health Inspection</b>	
	Date: <b>03/27/2024</b>	
<b>X</b>	<b>1a. False or Misleading Statements</b>	

#### ADMINISTRATION 19a-79-3a

<b>X</b>	<b>1b. Administration</b>	
<b>X</b>	<b>1bb. Capacity</b>	
<b>X</b>	<b>2. New Staff – Employee Orientation</b>	
<b>O</b>	<b>3. Annual Staff Policy Training</b>	Failed to train staff on policies, plans and procedures on an annual basis.
<b>X</b>	<b>3b. Managing child behavior</b>	
<b>X</b>	<b>4. Documentation of Behavior M. Tech Discussed w/parents</b>	
<b>X</b>	<b>4b. Failure to report</b>	

<b>X</b>	5. Notification of Change	
<b>X</b>	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
<b>X</b>	7. Daily Attendance Records- staff and children	
<b>ITEMS POSTED – ACCESSIBLE</b>		
<b>X</b>	8. License	
<b>X</b>	9. Fire Marshal certificate	
	Date	03/20/2024
<b>X</b>	10. OEC Complaint procedure	
<b>X</b>	11. Food Service Certificate	N/A?
	Date	06/30/2024
<b>O</b>	12. Menus	Failed to prepare and post menus at least 1 week in advance
<b>X</b>	13. Emergency plans	
<b>X</b>	14. No Smoking Signs	
<b>X</b>	15. Radon Test	N/A?
	Date	Results
	11/28/2018	0.7 pCi/L
<b>X</b>	15a. Developmental Milestones	
<b>X</b>	15b. Access	
<b>X</b>	15bb. Endorsements	
<b>STAFFING 19a-79-4a</b>		
<b>X</b>	15c. Staffing	
<b>O</b>	16. Staff Health records – TB tests	Failed to maintain current medical statement(s) for 1 staff.
<b>X</b>	17. Professional development	
<b>X</b>	18. Disciplinary actions	
<b>X</b>	18b. Background checks	

<input checked="" type="checkbox"/>	19. Designated Head Teacher																					
<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 type="checkbox"/>	26. Consultants- Agreements and Contracts	Failed to maintain current consultant agreements for 2 consultants (Social service and Dental)																				
<input type="checkbox"/>	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs for 1 consultant (Social Service)																				
	Not in Compliance?	<table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician N/A?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Contracts</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Logs</td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician N/A?			<input type="checkbox"/>	<input type="checkbox"/>		Contracts		<input type="checkbox"/>	<input type="checkbox"/>		Logs		<input type="checkbox"/>		
Education	Health	Social Service	Dental	Dietician N/A?																		
		<input type="checkbox"/>	<input type="checkbox"/>																			
Contracts		<input type="checkbox"/>	<input type="checkbox"/>																			
Logs		<input type="checkbox"/>																				
	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																					
<b>RECORD KEEPING 19a-79-5a</b>																						
<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																					

<b>X</b>	37. Child health records and immunizations		
<b>O</b>	38. Individual care plan (signed by parents and staff)	Failed to maintain current individual care plans for 1 child and observed 1 care plan not signed by parent.	
<b>X</b>	39. Injury, Illness, Accident reports		
<b>HEALTH AND SAFETY 19a-79-6a</b>			
<b>X</b>	40. Nutritious snacks and meals (required food groups)		
<b>X</b>	41. Proper refrigeration (max 45°)		
<b>X</b>	42. Kitchen separated	N/A?	
<b>X</b>	43. Hand washing – before eating or food handling		
<b>X</b>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
<b>PHYSICAL PLANT 19a-79-7a</b>			
<b>O</b>	45. License premises – clean, good repair, hazard free	Failed to maintain the building, equipment and services free of hazards when observed the door to the electrical panel removed exposing the breakers.	
<b>X</b>	47b. Plans for new construction, expansion, renovation or conversion		
<b>X</b>	48. Sanitary drinking fountains – disposable cups		
<b>X</b>	49. Lead Water Test (N/A?) 06/15/2023	Bacterial/Chemical Test (N/A?)	<b>X</b>
<b>X</b>	50. Walkways maintained		
<b>X</b>	51. Designated staff toilet/sink		
<b>X</b>	52. All openings for ventilation screened		
<b>X</b>	53. Windows protected to prevent falls		
<b>X</b>	54. Glass protected up to 36"		
<b>X</b>	55. Overhead doors – locking devices, spring protectors		
<b>X</b>	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	
○	69. Walls, ceilings, floors and rugs – clean, good repair	Failed to maintain walls, ceilings, floors and rugs in a good state of repair when observed 1 ceiling tile missing in children's bathroom exposing wires, 7 stained ceiling tiles.
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	
○	76. Potentially hazardous substances locked	Failed to ensure that potentially hazardous substances are stored in a locked area when observed disinfecting wipes (Peace 1) not locked and 6 disinfecting sprays not locked (Hope 1 and 2).
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	
○	82. Equipment clean, good repair, safe, non-toxic	Failed to ensure that equipment is clean and safe for children when observed ripped child couch (Preschool) and 2 pragmatic play refrigerators not secured (Preschool and Peace 1). Observed a leaning folded high chair on shelf (Peace 2).
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	
<b>OUTDOOR SPACE</b>		
X	87. Outdoor space - adequate square footage per child	
X	88. Impact absorbing material under equipment	
X	89. Playground free from hazards	
X	92. Equipment anchored, safely arranged	
X	93. Outdoor play area protected, fenced	
X	94. Drinking water available, accessible	
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>		
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
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>		
X	97. Written policies, procedures	
X	98. Training outline on file	

NONPRESCRIPTION TOPICAL MEDICATIONS						
<b>X</b>	99. Administration, parent permission, MAR					
<b>X</b>	100. Labeling, storage					
ORAL/TOPICAL/INHALENT MEDICATIONS						
<b>X</b>	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: none;">O/T/I</td> <td style="border: none;">Injectable</td> </tr> <tr> <td style="text-align: center; border: none;"><b>Y</b></td> <td style="text-align: center; border: none;"><b>N</b></td> </tr> </table>	O/T/I	Injectable	<b>Y</b>	<b>N</b>	
O/T/I	Injectable					
<b>Y</b>	<b>N</b>					
<b>O</b>	102. Authorized prescriber, parent permission, MAR	Failed to maintain written order from prescriber for medication for 2 medication (hydrocortisone 1% and clotrimazole 1%)				
<b>O</b>	103. Labeling, storage	Failed to maintain proper storage of medication when observed ibuprofen not locked (Hope 1) and failed to maintain proper labeling of medication for an albuterol. Label was ripped.				
<b>X</b>	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
<b>X</b>	105. Authorized prescriber, parent permission, MAR					
<b>X</b>	106. Labeling, storage					
<b>X</b>	107. Approved petition for special medication authorization					
<b>Yes</b>	Is there an approved endorsement?	INFANT/TODDLER ENDORSEMENT 19a-79-10				
<b>X</b>	109. Approved endorsement					
<b>X</b>	110. Ratio: 1 staff to 4 children					
<b>X</b>	111. Group size: no larger than 8					
<b>X</b>	112. Physical barriers, groups of 8 (indoors and outdoors)					
<b>X</b>	113. Adequate sinks in program space					
<b>X</b>	114. Free standing, well-constructed, safe cribs					
<b>X</b>	115. Washable cots					
<b>X</b>	116. Chairs for feeding, stable, safety straps, locking tray					
<b>X</b>	117. Developmentally appropriate tables, chairs, equipment					
<b>X</b>	118. Refrigerators and food prop facilities					

<b>X</b>	119. Diaper area- sturdy, safety rail, nonporous, exclusive use					
<b>X</b>	120. Diaper area- washed, disinfected					
<b>X</b>	121. Diaper area- disposable paper sheets					
<b>X</b>	122. Covered waste receptacle					
<b>X</b>	123. Diaper changing policy posted, followed					
<b>X</b>	124. Hand washing policy posted, followed					
<b>X</b>	125. Individual storage of personal items					
<b>X</b>	126. Cribs/cots washed and disinfected					
<b>X</b>	127. Under 12 months- placed on back for sleeping					
<b>X</b>	128. Alternate sleep position- equipment, medical documentation	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td><b>X</b></td> </tr> </table>	Yes	No		<b>X</b>
Yes	No					
	<b>X</b>					
<b>X</b>	129. Crib, bed used for infant sleeping					
<b>X</b>	130. Crib, bed free from observable hazards					
<b>X</b>	131. Infant toys separate, washed, disinfected daily					
<b>X</b>	132. No toys, objects less than 1/1/4" diameter					
<b>O</b>	133. Plastic bags, balloons, Styrofoam objects inaccessible	Failed to ensure plastic bags are not accessible to children when observed 3 ziplock bags with toys on children's shelf accessible to children (Hope 2)				
<b>X</b>	134. Health consultant, doc. of visits					
<b>X</b>	135. Infants held for bottles, indiv. attention, tummy time					
<b>X</b>	136. Written statement, feeding schedule from parent					
<b>X</b>	137. Unused portions of liquids discarded					
<b>X</b>	138. Clean Bottles, disp. bottles, approved bottle washing					
<b>X</b>	139. Food served from dish or whole jar served					
<b>X</b>	140. Bottles individually identified with child's name					

**OUTDOOR PLAY SPACE - UNDER THREE**

<b>X</b>	141. Play space fenced	
<b>X</b>	142. Outdoor equipment developmentally appropriate	
<b>Yes</b>	Is there an approved endorsement?	<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>
<b>X</b>	143. Approved endorsement	
<b>X</b>	144. Activity choices appropriate	
<b>X</b>	145. Ratio – 1 staff to 10 children	
<b>X</b>	146. Group size – maximum 20 children	
<b>X</b>	147. Education Consultant appropriate	
<b>No</b>	Is there an approved endorsement?	<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>
	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	
<b>N</b>	Child with diabetes enrolled?	<b>MONITORING OF DIABETES 19a-79-13</b>
<b>X</b>	154. Written policies and procedures	
<b>X</b>	155. On site staff trained in first aid, glucose testing	
<b>X</b>	156. Training current and documented	
<b>X</b>	157. Supervision of self-administration	
<b>X</b>	158. Equipment, supplies labeled and inaccessible	

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

**ADDITIONAL VIOLATIONS**

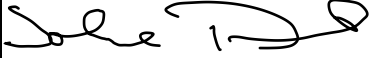


<b>X</b>	62. Consent Order - Negotiated Corrective Action Plan	N/A?	
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**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

**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 OEC Representative)	DATE CORRECTIONS DUE BY:  <b>06/27/2024</b>	 (Signature of Person in Charge)
<b>Johanne Dalo</b> (Printed Name)	 (Printed Name)		<b>Nicole Perry</b> (Printed Name)