



## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

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

<b>Program Name</b>	<b>ACTION EARLY LEARNING CENTER 2</b>				<b>License Number</b>	<b>DCCC</b>		<b>Date of Inspection</b>	<b>07/10/2024</b>	
					<b>Expiration Date</b>			<b>Time of Inspection</b>	<b>10:14 AM</b>	
<b>Address</b>	<b>10 DR AARON B SAMUELS BLVD DANBURY CT 06810-7787</b>				<b>Telephone</b>	<b>(203) 743-3785</b>		<b>Licensed Capacity</b>	<b>38</b>	
					<b>Hours of Operation</b>	<b>M-F 7:00am - 5:30pm</b>		<b>Infant/Toddler Capacity</b>	<b>18</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>18 months</b>	<b>Maximum Age Served</b>	<b>6 years</b>	<b>Water Supply</b>	<b>Public Water</b>
					<b>Program's Email</b>	<b>mini.santosh@caawc.org</b>				
<b>Operator</b>	<b>COMMUNITY ACTION AGENCY OF WESTERN CONNECTICUT (THE)</b>				<b>Name of Inspector</b>	<b>Kristi Morgan</b>				
<b>Director</b>	<b>MINI SANTOSH</b>				<b>Inspector's Email</b>	<b>kristi.morgan@ct.gov</b>				
<b>Key:</b>	<b>Compliant = X</b>	<b># of Infants - Toddlers Present</b>	<b>0</b>	<b># of Total Children Present</b>	<b>0</b>	<b># of Staff Present</b>	<b>2</b>	<b>Type of Inspection</b>	<b>INITIAL CREDENTIAL INSPECTION</b>	
<b>Non-Compliant = O</b>										

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

<b>X</b>	<b>1. Local Health Inspection</b>	
	Date: 06/17/2024	
<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>X</b>	<b>3. Annual Staff Policy Training</b>	
<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	

**ITEMS POSTED – ACCESSIBLE**

<b>X</b>	8. License	
<b>X</b>	9. Fire Marshal certificate	
	Date	02/20/2024
<b>X</b>	10. OEC Complaint procedure	
<b>O</b>	11. Food Service Certificate	<u>N/A?</u>
	Date	Failed to post current Food Service Certificate in a conspicuous location. Waiting for certificate from the city, to be sent into OEC.
<b>X</b>	12. Menus	
<b>X</b>	13. Emergency plans	
<b>X</b>	14. No Smoking Signs	
<b>X</b>	15. Radon Test	<u>N/A?</u>
	Date	Results
<b>X</b>	15a. Developmental Milestones	
<b>X</b>	15b. Access	
<b>X</b>	15bb. Endorsements	

**STAFFING 19a-79-4a**

<b>X</b>	15c. Staffing	
<b>X</b>	16. Staff Health records – TB tests	
<b>X</b>	17. Professional development	
<b>X</b>	18. Disciplinary actions	
<b>X</b>	18b. Background checks	

<b>X</b>	19. Designated Head Teacher					
<b>X</b>	20. Two Staff present					
<b>X</b>	20a. Staff Qualities					
<b>X</b>	21. Ratio: 1 staff to 10 children					
<b>X</b>	21b. Supervision					
<b>X</b>	22. Group Size – maximum 20 children					
<b>X</b>	23. Designated director - Training					
<b>X</b>	24. CPR Certified Staff (Group Home N/A)					
<b>X</b>	25. First Aid Trained Staff					
<b>X</b>	26. Consultants- Agreements and Contracts					
<b>X</b>	27. Logs – Visits documented					
	Not in Compliance?	<b>Education</b>	<b>Health</b>	<b>Social Service</b>	<b>Dental</b>	<b>Dietician N/A?</b>
	Contracts					
	Logs					
	Do they take children swimming?	<b>N SWIMMING</b>				
<b>X</b>	28. Non-swimmers identified					
<b>X</b>	29. Staff/Child Ratios					
<b>X</b>	30. CPR certified staff (20 years of age)					
<b>X</b>	31. Lifeguard certified - supervision					
<b>RECORD KEEPING 19a-79-5a</b>						
<b>X</b>	32. Enrollment information					
<b>X</b>	33. Emergency medical permission					
<b>X</b>	34. Authorized release permission					
<b>X</b>	35. Field trip permission					
<b>X</b>	36. Transportation permission					

<b>X</b>	37. Child health records and immunizations		
<b>X</b>	38. Individual care plan (signed by parents and staff)		
<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>X</b>	45. License premises – clean, good repair, hazard free		
<b>X</b>	47b. Plans for new construction, expansion, renovation or conversion		
<b>X</b>	48. Sanitary drinking fountains – disposable cups		
<b>O</b>	49. Lead Water Test (N/A?) 02/22/2024	Bacterial/Chemical Test (N/A?) <b>X</b>	Lead water test does not state that the sample was taken at first draw.
<b>X</b>	50. Walkways maintained		
<b>X</b>	51. Designated staff toilet/sink		
<b>O</b>	52. All openings for ventilation screened	Failed to maintain 16 mesh screening for all windows that open to the outside and are used for ventilation. Observed a torn screen in Toddler A - front with the window open.	
<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		

<b>X</b>	57. Individual storage of clothing and bedding	
<b>X</b>	58. Smoking prohibited	
<b>X</b>	59. Matches and lighters inaccessible	
<b>X</b>	60. Electrical safety – outlets/cords	
<b>X</b>	61. Toileting needs met	
<b>X</b>	62. Required toilets, sinks, supplies	
<b>X</b>	63. Potty chairs – nonporous, emptied, disinfected	
<b>X</b>	64. Hand washing after toileting – staff and children	
<b>X</b>	65. Ventilation in toilet rooms	
<b>X</b>	66. Air temperature 65 degrees, thermometer affixed	
<b>X</b>	67. Water temperature 60° – 115°	
<b>X</b>	68. Portable space heaters	
<b>O</b>	69. Walls, ceilings, floors and rugs – clean, good repair	Failed to maintain walls, ceilings, floors and rugs in a good state of repair when ceiling vents were observed to be dusty.
<b>X</b>	70. Rugs secure	
<b>X</b>	71. Hot water, steam pipes protected	
<b>X</b>	72. Working phone on each level	
<b>X</b>	73. Emergency numbers posted	
<b>X</b>	74. Adequate lighting - 50/30 candle feet	
<b>X</b>	75. Light fixtures shielded, shatter proof	
<b>X</b>	76. Potentially hazardous substances locked	
<b>X</b>	77. Garbage, rubbish disposed daily	

<input checked="" type="checkbox"/>	78. Stairs protected, good repair, handrails	
<input checked="" type="checkbox"/>	79. Pets – maintained, care plan	Y/N N
<input checked="" type="checkbox"/>	80. Operable CO detector on each level	N/A? Y
<input checked="" type="checkbox"/>	81. Program space-adequate square footage per child	
<input checked="" type="checkbox"/>	82. Equipment clean, good repair, safe, non-toxic	
<input checked="" type="checkbox"/>	83. Cots stored, maintained, adequate number	
<input checked="" type="checkbox"/>	84. Developmentally appropriate equipment	
<input checked="" type="checkbox"/>	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N
<input checked="" type="checkbox"/>	86. No weapons, no facsimile of a firearm on premises	
<b>OUTDOOR SPACE</b>		
<input checked="" type="checkbox"/>	87. Outdoor space - adequate square footage per child	
<input type="radio"/>	88. Impact absorbing material under equipment	Failed to ensure a minimum of 8 inches of impact absorbing materials under the preschool playscape.
<input type="radio"/>	89. Playground free from hazards	Failed to ensure the playground is free of glass, debris, holes and other hazards when the gate to the parking lot was not observed to be functioning properly and to have a gap of approximately 6 inches between the gate and the post.
<input checked="" type="checkbox"/>	92. Equipment anchored, safely arranged	
<input checked="" type="checkbox"/>	93. Outdoor play area protected, fenced	
<input checked="" type="checkbox"/>	94. Drinking water available, accessible	
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>		
<input checked="" type="checkbox"/>	95. Written plan for daily program available to parents/staff	
<input checked="" type="checkbox"/>	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>		
<input checked="" type="checkbox"/>	97. Written policies, procedures	
<input checked="" type="checkbox"/>	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%; text-align: center;">O/T/I</td> <td style="width: 90%; text-align: center;">Injectable</td> </tr> <tr> <td style="text-align: center;"><b>N</b></td> <td style="text-align: center;"><b>N</b></td> </tr> </table>	O/T/I	Injectable	<b>N</b>	<b>N</b>	
O/T/I	Injectable					
<b>N</b>	<b>N</b>					
<b>X</b>	102. Authorized prescriber, parent permission, MAR					
<b>X</b>	103. Labeling, storage					
<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>No</b>	Is there an approved endorsement?	<b>INFANT/TODDLER ENDORSEMENT 19a-79-10</b>				
<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	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>X</b>	133. Plastic bags, balloons, Styrofoam objects inaccessible			
<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>No</b>	Is there an approved endorsement?	<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>
	143. Approved endorsement	
	144. Activity choices appropriate	
	145. Ratio – 1 staff to 10 children	
	146. Group size – maximum 20 children	
	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**

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


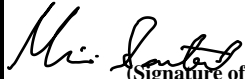
**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

Toddler A Front -  $19.1 \times 15 - (2.10 \times 2.1) - (4.10 \times 2) = 273.89 / 35 = 7.82$  classroom capacity - 7  
 Toddler A Back -  $10.2 \times 15 - (3.7 \times 2.1) = 145.23 / 35 = 4.149$  classroom capacity - 4  
 Toddler B -  $19.3 \times 15.11 - ((4.9 \times 8.3) / 2) = 271.298 / 35 = 7.75$  classroom capacity - 7  
 Preschool -  $19.2 \times 14.4 = (18.6 \times 8.8) + ((10.6 \times 9.8) / 2) + (37.9 \times 13.0) - (5 \times 6.1) + ((4.9 \times 8.3) / 2) = 1008.745 / 35 = 28.82$  requesting capacity of 20  
 Children's toilets - 3  
 Sinks - 9  
 Adult bathrooms - 2  
 Total capacity - 38  
 Under 3 capacity - 18  
 - Radon to be done in November. Test results must be sent in to OEC and posted on site.  
 - No children enrolled to start that have medication.

**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)		DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Kristi Morgan</b> (Printed Name)	(Printed Name)		<b>Mini Santosh</b> (Printed Name)