

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

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

Program Name:	Little Learners Early Learning Center	Date of Inspection:	6.5.25	Time of Arrival:	11:50 am
Address:	451 Meriden Rd.	License Number:	70201	Expiration Date:	9/30/26
Town:	Waterbury 06705	Telephone Number:	203-805-4205	Summer Care:	open
Operator:	New Horizon Kids LLC	# of Staff Present:	4	# over 3 Present:	8
Email:	LittleLearners203@gmail.com	Total Capacity:	46	# under 3 Present:	6
Designated Director:	Janelle Jordan	Total Under 3 capacity:	16	Ages Served:	6wks - 12 years
		Hours/Days of Operation:	M-F 6:30 am to 6:00 pm		

Instruction Codes: = Regulation in Compliance = 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

1. (c)(8) Local Health Inspection-Date: _____

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-COMplete/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 (Schls-N/A)
 - 10(g)(8) Safe Sleep policy posted

STAFFING and CONSULTANTS 19a-79-4a

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance with bknd cks/history
- 23. (d) Adequate staffing
- 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. **RATIOS**
 - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - (d)(4)(B) Mixed age group
 - (d)(6) Nap time ratio
 - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. **GROUP SIZE**
 - (d)(5) Group Size-Indoors/Outdoors
 - (d)(5)(A) Group Size-school age field trips/outdoors
 - (d)(5)(B) Mixed age group-group size
- 30. (e)(1) Designated director-training
- 31. (f)(1) CPR certified program staff
- 32. (f)(2) First aid certified program staff
- 33. **PROFESSIONAL DEVELOPMENT**
 - (a)(2) Documentation of prof. dev/trainings
 - (h)(1) Health & Safety training
 - (h)(2) 1% annual hours
- 34. **SWIMMING ACTIVITIES - Y/N**
 - (4)(C)(ii-v) Swimming-Ratios
 - (4)(C)(i) Non-swimmers identified
 - (e)(6) CPR certified staff-age 20 or older
 - (e)(6) Lifeguard-certified-supervising
- 35. **CONSULTANTS**
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - (i) - Consultant agreements-signed annually-agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education			
Health			
Soc. Serv.			
Dietitian			
 - (H)(i)-(I)(i)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Little Learners Early Learning Center	LICENSE NUMBER	70201	DATE OF INSPECTION	4.5.25
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
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<input type="checkbox"/> 36. <input type="checkbox"/> 37. <input type="checkbox"/> 38. <input type="checkbox"/> 39. <input type="checkbox"/> 40. <input type="checkbox"/> 41. <input type="checkbox"/> 42. <input type="checkbox"/> 43. <input type="checkbox"/> 44. <input type="checkbox"/> 45.	(a)(1)(A-C) (a)(1)(D)(i) (a)(1)(D)(ii) (a)(1)(D)(iii) (a)(1)(D)(iv) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	Children's Enrollment information PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 71. <input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76. <input type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79. <input checked="" type="checkbox"/> 81. <input checked="" type="checkbox"/> 82.	(d)(1) (d)(2) (d)(3) (d)(3) (d)(4) (d)(5) (d)(6), (f)(3) (d)(7) <input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(8) (d)(9) <input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) (d)(11) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) (e)(3) (e)(4) <input type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) (e)(6) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)	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 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 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 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: <u>1.5</u> (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
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HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input checked="" type="checkbox"/> 48. <input checked="" type="checkbox"/> 49. <input checked="" type="checkbox"/> 50. <input checked="" type="checkbox"/> 51. <input checked="" type="checkbox"/> 52. <input checked="" type="checkbox"/> 53. <input checked="" type="checkbox"/> 54. <input checked="" type="checkbox"/> 55. <input checked="" type="checkbox"/> 56. <input checked="" type="checkbox"/> 57. <input checked="" type="checkbox"/> 58. <input checked="" type="checkbox"/> 59.	(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1) (b)(2) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)	Preparation, transportation of food-follow DPH Model Food Code (N/A) Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection (N/A) Kitchen-clean/safe storage of food/supplies(N/A) Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips 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 FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 94.	(d)(11) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) (e)(3) (e)(4) <input type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) (e)(6) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)
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PHYSICAL PLANT 19a-79-7a

<input type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input checked="" type="checkbox"/> 64. <input checked="" type="checkbox"/> 65. <input checked="" type="checkbox"/> 66. <input checked="" type="checkbox"/> 67. <input checked="" type="checkbox"/> 68. <input checked="" type="checkbox"/> 69. <input checked="" type="checkbox"/> 70.	(a)(2) (b) (b)(1)-(5) (b)(6) (c)(2) (c)(3) (c)(4) <input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) <input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	Fire marshal codes/certificate <u>11-1-23</u> Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program Building/Equipment/Furnishings-sanitary, hazard free (N/A) Testing of premises/grounds for chemicals WATER SUPPLY – Public/Well (Schools-N/A) Lead Water Test – Date: <u>9/25/23</u> Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible LEAD PAINT - Building Pre-78: Y/N <u>N</u> Lead Test: Y/N Results _____ Lead Management Plan <u>n/a</u> Peeling Paint – Y/N <u>N</u> Inside/Outside	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	(e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Little Learners Early Learning Center	LICENSE NUMBER	70201	DATE OF INSPECTION	6.5.25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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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 checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input type="checkbox"/>	111.		OUTDOOR SPACE
<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 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 play. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" 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.		WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- (N/A) 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)	EDUCATIONAL REQUIREMENTS
		<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)
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<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 checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input 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.		DIAPERING
		<input checked="" type="checkbox"/>	(e)(1) Diaper area: elevated/sturdy/safety rail

<input type="checkbox"/>	128.		
<input checked="" type="checkbox"/>		(e)(2)	
<input checked="" type="checkbox"/>		(e)(3)	
<input checked="" type="checkbox"/>		(e)(4)	
<input checked="" type="checkbox"/>		(e)(5)	
<input checked="" type="checkbox"/>		(e)(6-9)	
<input checked="" type="checkbox"/>		(e)(7)	
<input checked="" type="checkbox"/>		(e)(8)	
<input checked="" type="checkbox"/>		(e)(10)(A-C)	
<input checked="" type="checkbox"/>	129.		
<input checked="" type="checkbox"/>		(f)(1)	
<input checked="" type="checkbox"/>		(f)(2)	
<input checked="" type="checkbox"/>		(f)(3)	
<input checked="" type="checkbox"/>		(f)(4)	
<input type="checkbox"/>	130.		
<input checked="" type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(2)	
<input checked="" type="checkbox"/>		(g)(3)	
<input checked="" type="checkbox"/>		(g)(4)	
<input checked="" type="checkbox"/>		(g)(5)	
<input checked="" type="checkbox"/>		(g)(6)	
<input checked="" type="checkbox"/>		(g)(7)	
<input checked="" type="checkbox"/>		(g)(8)	
<input checked="" type="checkbox"/>	131.		
<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>		(h)(2)	
<input type="checkbox"/>	135.		
<input checked="" type="checkbox"/>	136.		
		(i)(1)(2A-C)	
<input checked="" type="checkbox"/>		(j)	
<input checked="" type="checkbox"/>		(k)(1)	
<input checked="" type="checkbox"/>		(k)(2)	
<input checked="" type="checkbox"/>		(k)(3)	
<input checked="" type="checkbox"/>		(k)(4)	
<input checked="" type="checkbox"/>		(k)(5)	
<input checked="" type="checkbox"/>	137.		
		(l)(1)	
<input checked="" type="checkbox"/>	138.		
		(l)(2)	
<input checked="" type="checkbox"/>	139.		
		(l)(3)	

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

SCHOOL AGE ENDORSEMENT 19a-79-11	(Y/N)
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<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.		SCHEDULE - ACTIVITIES
		<input checked="" type="checkbox"/>	(c) Written daily program plan-flexible schedule-available to staff/parents
		<input checked="" type="checkbox"/>	(c)(1) Activities not a duplication of child's day
		<input checked="" type="checkbox"/>	(c)(2) Activities include cognitive, physical, social, emotional needs of the children
		<input checked="" type="checkbox"/>	(c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
			Ratio- 1:15
			Group size- max. 30
<input checked="" type="checkbox"/>	143.		(d)
<input checked="" type="checkbox"/>	144.		(e)

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.		SCHEDULE - ACTIVITIES
		<input checked="" type="checkbox"/>	(c) Written daily program plan-flexible schedule-available to staff/parents
		<input checked="" type="checkbox"/>	(c)(1) Activities not a duplication of child's day
		<input checked="" type="checkbox"/>	(c)(2) Activities include cognitive, physical, social, emotional needs of the children
		<input checked="" type="checkbox"/>	(c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
			Ratio- 1:15
			Group size- max. 30
<input checked="" type="checkbox"/>	143.		(d)
<input checked="" type="checkbox"/>	144.		(e)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Little Learners Early Learning Center	LICENSE NUMBER	70201	DATE OF INSPECTION	6.5.25
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SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N <input checked="" type="checkbox"/> Y	MONITORING OF DIABETES 19a-79-13 Y/N
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<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%

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

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N Y

<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)	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.		<u>SLEEP PROVISIONS</u>
	(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.		<u>NONPRESC. TOPICAL MEDICATION</u>
	(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.		<u>MEDICATION TRAINING</u>
	(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 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 type="checkbox"/> 180.	-	n/a	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.

Signature of OEC staff	Betty Mayer
Printed Name	Betty Mayer

	Signature of person in charge
	Printed Name

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 Email: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 6/19/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Learners Learning License # 70201 Date: 6.5.25
Early Learning Center

Observations/Corrections needed:

Program not in compliance when...

#1 local health inspection not observed.

#3 Program unable to access all required records needed for inspection.

#4 Employee orientation not observed for three staff.

#5 Annual policy review not observed for two staff.

#7 Documentation that parents have been informed of behavior management techniques not observed for three children.

#18 (10)(g)(8) safe sleep policy not posted.

#19 Staff health records not available for review.

#22 Program unable to verify staff have completed background check.

#24 Designated Head teacher not present 60% of all operating hours.

#30 Designated director training not observed.

#33 (a)(2) Documentation of professional development not observed. (h)(1) Health and Safety training not complete for two staff. (h)(2) 10% annual hours in professional development not observed for all staff.

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: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Krista Henry
(Person in Charge)

OEC BY: 6/19/25

Print Name: Krista Henry

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Learners ^{Early} Learning Center License # 70201 Date: 6.5.25

Observations/Corrections needed:

- #35 (i)(i)(2)(A-H) Education and social service consultant contracts expired. Missing all required documents. (F) Education and social service consultant logs expired (annual policy review). (i)(2)(H)(i)-(I)(i) Health consultant visits not observed. (i)(1)(A)-(D) Health consultant contract not observed.
- #36 Enrollment information not observed for 3 children.
- #37 (a)(i)(D)(i) Emergency permission not observed for 3 children. (a)(i)(D)(ii) Authorized release permission not observed for 3 children.
- #38 Three children's physicals expired.
- #39 Seven children missing documentation of flu vaccine.
- #62 Fire marshal certificate expired.
- #88(c)(5) observed cracked tile in preschool room near lunch tables and cracked hallway near school age room.
- #104 microwaves in infant room and prek room observed to be rusty.
- #111(h)(3) Long grass observed on playground. Old little tykes computer and old broken classroom furniture also observed on playground.

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Krista Horne
(Person in Charge)

OEC BY: 6/19/25

Print Name: Krista

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Learners Early Learning Center License # 70201 Date: 0521

Observations/Corrections needed:

- #121 Observed staff in infant room washing dishes in Handwashing only sink.
- #130(g)(1) Observed loose crib sheet for child under 12 months.
- #135 Health Consultant weekly visits not observed.
- #161 Observed child with allegra medication. NO authorization observed.

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: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Kristel
(Person in Charge)

OEC BY: 0/19/25

Print Name: Kristel