

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>All our children Academy</u>	License Number: <u>70457</u>	Date of Inspection: <u>7/19/21</u>	Time of Arrival: <u>11:05am</u>
Address: <u>514 Orchard St</u>	Expiration Date: <u>10/31/22</u>	Licensed Capacity: <u>70</u>	Under 3 Capacity: <u>40</u>
Town: <u>New Haven 06511</u>	Telephone: <u>203-848-0891</u>	# of children present: <u>44</u>	# of staff present: <u>7+1</u>
Operator: <u>All our children Academy, LLC</u>	Director: <u>Escolena Harris</u>		
Email: <u>escolenaharris@comcast.net</u>	Head Teacher: <u>Christina B</u>		
Hours of Operation: <u>6am - midnight</u>	Summer Care: <u>open</u>		
Ages Served: <u>6wks - 12yrs</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			

License Procedures 19a-79-2a

- 1. Local Health Date: 11/9/20
- Administration 19a-79-3a**
- 2. New Staff-Employee Orientation
- 3. Annual Staff Policy Training
- 4. Documentation of Behavior M. Tech Discussed w/Parents
- 5. Notification of Change
- 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- 7. Daily Attendance Records: Children/Staff

Items Posted: Conspicuous/Accessible

- 8. License
- 9. Current Fire Marshal Certificate Date: 8/13/18
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: NA
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: _____ Results: _____

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 19. Designated Head Teacher/60%
- 20. Two Staff Present
- 21. Ratio: 1 Staff to 10 Children
- 22. Group Size: Maximum 20 Children
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

Consultants

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

27. Logs/Visits Documented

Swimming: (N)

- 28. Non-Swimmers Identified
- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

- 45. License Premise: Clean/Good Repair/Hazard Free
- 48. Sanitary Drinking Fountains/Disposable Cups
Water Supply: Public/Well
- 49. Lead Water Test Date: 3/10/20
Bacterial/Chemical Test (Y/N) Date: NA
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 52. All Openings for Ventilation Screened
- 53. Windows Protected to Prevent Falls
- 54. Glass Protected to 36"
- 55. Overhead Doors Locking Devices/Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 57. Individual Storage of Clothing/Bedding
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 60. Electrical Safety: Outlets/Cords
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 63. Potty Chairs: Nonporous/Emptied/Disinfected
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative:

fil Montange
Print name: fil Montange

Written Corrective Action Plan Due to OEC by: 7/28/21

Signature of Person in Charge:

Escolena Harris
Print name: Escolena Harris

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <u>All our Children Academy</u></p> <p>License Number: <u>70457</u></p> <p>Date of Inspection: <u>7/14/21</u></p> <p><u>Physical Plant continued:</u></p> <p>67. Water Temperature 60°-115° <input checked="" type="checkbox"/></p> <p>68. Portable Space Heaters (Y/N) <input checked="" type="checkbox"/></p> <p>69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input checked="" type="checkbox"/></p> <p>70. Rugs Secure <input checked="" type="checkbox"/></p> <p>71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/></p> <p>72. Working Phone on Each Level <input checked="" type="checkbox"/></p> <p>73. Emergency Numbers Posted <input checked="" type="checkbox"/></p> <p>74. Adequate Lighting: 50/30 Candle Feet <input checked="" type="checkbox"/></p> <p>75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/></p> <p>76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/></p> <p>77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/></p> <p>78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/></p> <p>79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/></p> <p>80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/></p> <p>81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/></p> <p>82. Equipment: Good Repair/Safe/Non-toxic <input checked="" type="checkbox"/></p> <p>83. Cots Stored/Maintained/Adequate Number <input checked="" type="checkbox"/></p> <p>84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/></p> <p>85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/></p> <p>86. No Weapons/No Facsimile of a Firearm on Premise <input checked="" type="checkbox"/></p> <p><u>Outdoor Space</u></p> <p>87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/></p> <p>88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/></p> <p>89. Playground Free from Hazards <input checked="" type="checkbox"/></p> <p>90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>91. Lead Management Plan (Y/N) <input checked="" type="checkbox"/></p> <p>92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/></p> <p>93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/></p> <p>94. Drinking Water Available/Accessible <input checked="" type="checkbox"/></p> <p><u>Educational Requirements 19a-79-8a</u></p> <p>95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/></p> <p>96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs <input checked="" type="checkbox"/></p> <p style="padding-left: 40px;">Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up</p> <p><u>Administration of Medications 19a-79-9a</u></p> <p>97. Written Policies/Procedures <input checked="" type="checkbox"/></p> <p>98. Training Outline on file <input checked="" type="checkbox"/></p> <p><u>Nonprescription Topical Medications</u></p> <p>99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/></p> <p>100. Labeling/Storage <input checked="" type="checkbox"/></p> <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <p>101. Med Trained Staff/Certificates <input checked="" type="checkbox"/></p> <p>102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/></p> <p>103. Labeling/Storage <input checked="" type="checkbox"/></p> <p>104. Unused/Expired Meds Returned/Disposed <input checked="" type="checkbox"/></p> <p><u>Self-Administration</u></p> <p>105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/></p> <p>106. Labeling/Storage <input checked="" type="checkbox"/></p> <p>107. Approved Petition For Special Med Authorization <input checked="" type="checkbox"/></p> <p><u>Emergency Distribution of Potassium Iodide</u></p> <p>108. KI Pills Parent Permission/Storage <input checked="" type="checkbox"/></p>	<p><u>Under Three Endorsement 19a-79-10</u></p> <p>109. Approved Endorsement <input checked="" type="checkbox"/></p> <p>110. Ratio: 1 Staff to 4 Children <input checked="" type="checkbox"/></p> <p>111. Group Size no Larger than 8 <input checked="" type="checkbox"/></p> <p>112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input checked="" type="checkbox"/></p> <p>113. Adequate Sinks in Program Space <input checked="" type="checkbox"/></p> <p>114. Free Standing/Well-Constructed/Safe Cribs <input checked="" type="checkbox"/></p> <p>115. Washable Cots <input checked="" type="checkbox"/></p> <p>116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input checked="" type="checkbox"/></p> <p>117. Dev. Appropriate Tables/Chairs/Equipment <input checked="" type="checkbox"/></p> <p>118. Refrigerators and Food Prep Facilities <input checked="" type="checkbox"/></p> <p>119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input checked="" type="checkbox"/></p> <p>120. Washed/Disinfected <input checked="" type="checkbox"/></p> <p>121. Disposable Paper Sheets <input checked="" type="checkbox"/></p> <p>122. Covered Waste Receptacle <input checked="" type="checkbox"/></p> <p>123. Diaper Changing Policy Posted <input checked="" type="checkbox"/></p> <p>124. Hand Washing Policy Posted <input checked="" type="checkbox"/></p> <p>125. Individual Storage of Personal Items <input checked="" type="checkbox"/></p> <p>126. Cribs/Cots Washed/Disinfected <input checked="" type="checkbox"/></p> <p>127. Under 12 Months Placed on Back for Sleeping <input checked="" type="checkbox"/></p> <p>128. Alternate Sleep Position/Equip-Medical Document <input checked="" type="checkbox"/></p> <p>129. Crib/Bed Used for Infant Sleeping <input checked="" type="checkbox"/></p> <p>130. Crib/Bed Free from Observable Hazards <input checked="" type="checkbox"/></p> <p>131. Infant Toys Separate/Washed/Disinfected Daily <input checked="" type="checkbox"/></p> <p>132. No Toys/Objects Less than 1 1/2" Diameter <input checked="" type="checkbox"/></p> <p>133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input checked="" type="checkbox"/></p> <p>134. Health Consultant/Documentation of Visits <input checked="" type="checkbox"/></p> <p>135. Infants Held for Bottles/Individual Attn/Tummy Time <input checked="" type="checkbox"/></p> <p>136. Written Statement/Feeding Schedule from Parent <input checked="" type="checkbox"/></p> <p>137. Unused Portions of Liquids Discarded <input checked="" type="checkbox"/></p> <p>138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input checked="" type="checkbox"/></p> <p>139. Food Served from Dish or Whole Jar Served <input checked="" type="checkbox"/></p> <p>140. Bottles Individually Identified w/Child's Name <input checked="" type="checkbox"/></p> <p><u>Outdoor Play Space-Under Three:</u></p> <p>141. Play Space Fenced <input checked="" type="checkbox"/></p> <p>142. Outdoor Equipment: Dev. Appropriate <input checked="" type="checkbox"/></p> <p><u>School Age Children Endorsement 19a-79-11</u></p> <p>143. Approved Endorsement <input checked="" type="checkbox"/></p> <p>144. Activity choices appropriate <input checked="" type="checkbox"/></p> <p>145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/></p> <p>146. Group Size: Max. 20 Children <input checked="" type="checkbox"/></p> <p>147. Education Consultant Appropriate <input checked="" type="checkbox"/></p> <p><u>Night Care Endorsement 19a-79-12 (10pm-5am)</u></p> <p>148. Approved Endorsement <input checked="" type="checkbox"/></p> <p>149. Written Program Plan/Supervision <input checked="" type="checkbox"/></p> <p>150. Staff Awake/Available <input checked="" type="checkbox"/></p> <p>151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input checked="" type="checkbox"/></p> <p>152. Individual Storage of Personal Items <input checked="" type="checkbox"/></p> <p>153. Bedding/Sleeping Apparel Laundered Weekly <input checked="" type="checkbox"/></p> <p><u>Monitoring of Diabetes 19a-79-13</u></p> <p>154. Written Policies/Procedures <input checked="" type="checkbox"/></p> <p>155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/></p> <p>156. Training Current/Documented <input checked="" type="checkbox"/></p> <p>157. Supervision of Self Administration <input checked="" type="checkbox"/></p> <p>158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/></p> <p>159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/></p> <p>160. Materials Discarded Appropriately <input checked="" type="checkbox"/></p> <p>161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/></p> <p>162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/></p> <p>163. Daily Written Parent Notifications <input checked="" type="checkbox"/></p>	
<p>Signature of OEC Representative <u>fil Montange</u></p> <p>Print Name: <u>fil Montange</u></p>	<p>Written Corrective Action Plan Due to OEC by: <u>7/28/21</u></p>	<p>Signature of Person in Charge <u>Escelera</u></p> <p>Print Name: <u>Escelera</u></p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: All our children Academy License # 70457 Date: 7/14/21

Observations/Corrections needed:

- #2 new staff orientation not available
- #3 Annual staff policy training not available
- #6 bathroom supervision policy not followed children allowed to go to bathrooms from 2 rooms unsupervised
- #9 Current fire Marshal certificate not posted
- #15 Radon test not observed
- #17 Professional development for staff unavailable
- #21 1 staff left outdoor area with one child to come inside leaving staff with out of ratio outside (1 staff with specialst 1 staff outside and 2 children outside)
- #23 Designated director training unavailable
- #24 + #25 1st aid and CPR certificates unavailable
- #27 logs for education, Social Service and dental not available
- #44 Outdoor 15⁺ aid kits incomplete
- #45
- 7 desks in school ^{room} program not in good repair
 - 1 sink in girls room leaking water bucket observed under pipe full
 - Step stool in girls bathroom not clean
 - ~~observed partician removed~~ (FM)
 - cabinet in preschool under microwave not clean not in good repair

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: Fil Montanye
(OEC Representative)Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Estelena Harris
(Person in Charge)OEC BY: 7/28/21Print Name: Estelena Harris

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: All our children Academy License # 70457 Date: 7/14/21

Observations/Corrections needed:

- #60 Cord to small clock dangling on wall of infant toddler room.
- #62. 1 sink not operable
 • 1 toilet not operable
 • 1 roll (quarter full) of toilet paper on toilet not working for 3 working toilets in girls bathroom
 • 1 roll of toilet paper for 2 toilets separated by stall
- #65 Vents not clean in girls bathroom and staff bathroom
- #67 Water temperature exceeded 115°F (150°, 128°, 136°F)
- #69 • rug not clean not in good repair in front school Age room
 • floor not clean throughout
 • wall in preschool room by table under interior window of toddlers not clean
- #71 Pipe not protected by toilet in girls bathroom with protruding screw
- #82 microwave in preschool not in good repair (rust)
- #84 infant room observed with not enough materials (3 stuffed animals, 1 ball puzzle, and cube) for 4 infants present.

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

Signature: [Signature]Print Name: [Signature]

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 7/28/21Signature: [Signature]Print Name: [Signature]

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: All our children Academy License # 70457 Date: 7/14/21

Observations/Corrections needed:

- #89 • landscape fabric exposed throughout 1 playground
- overgrown vegetation throughout playgrounds
 - 4 inch gap on front gate and fence
 - debris throughout playgrounds
 - rust on little tykes police car (screws)
- #93 • fence on both over 3's and under 3's playground not in good repair, observed broken gate and broken links making them sharp.
- #96 • observed toddlers at tables and high chairs prior to lunch while staff swept rug with no activities, observed 2 toddlers in high chair during naptime because per staff did not have blankets to rest on cots.
- observed 7 children in preschool resting with heads on table, 4 asleep per staff children didn't have blankets
- #99 • 1 diaper permission form not observed
- #110 • nap time radios in toddler room not maintained
7 children sleeping and 1 awake
- #120 • toddler room changing table not clean
- #121 • paper sheets unavailable in infant and toddler rooms

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

Signature: Ed Montanye

(OEC Representative)

Print Name: Ed MontanyeSignature: Esceleana Harris

(Person in Charge)

Print Name: Esceleana Harris

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 7/28/21

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: All our children Academy License # 70457 Date: 7/14/21

Observations/Corrections needed:

- #122 Covered waste receptacles not observed in infant and toddler room
- 140 2 bottles and 1 sippy cup observed to be unlabeled in fridge

Discussion

- 3 rooms currently not in use must be in compliance when in use
- care 4 kids provider emergency plans do not meet federal requirements. Provider will develop/revise its emergency plans to meet all requirements

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

Signature: Fil Montanye
(OEC Representative)

Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Esclera Harris
(Person in Charge)

OEC BY: 7/28/21

Print Name: Esclera Harris