Post for 30 Operating Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302 Hartford, CT 06103
Phone (800)-282-6063 Fax (860)-326-0552

CHILD CARE CENTER/GROUP INSPECTION FORM

☒ INITIAL ☐ UNANNOUNCED FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: ACES Helen Doron Academy	License Number: pending	Date of Inspection: 9/20/23	Time of Arrival: 11:00
Address: 124 S Pomperaug Ave	Expiration Date: n/a	Licensed Capacity: n/a	Under 3 Capacity: n/a
Town: Woodbury	Telephone: 203 266-4392	# of children present: 93	# of staff present: 21
Operator: Area Cooperative Educational Services	Director: Lucia Fonseca		
Email: lfonseca@aces.org	Head Teacher: Kathleen Callahan		
Hours of Operation: 7-5:30pm	Summer Care: Open		
Ages Served: 6wks to 12 years	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		

Endorsements: ☒ Under Three (6wks - 36m) ☒ Preschool (3y - 5y) ☐ School Age (5y & up) ☐ Night Care (6wks & up)

Licensure Procedures 19a-79-2a
- ☑ 1. Local Health Date: 4/30/24 exp.

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: 8/8/23
- ☑ 10. OEC Complaint Procedure
- ☑ 11. Food Service Certificate Date: n/a
- ☑ 12. Menus
- ☑ 13. Emergency Plans
- ☑ 14. No Smoking Signs
- ☑ 15. Radon Test (Y/N) Date: 2/15/23 Results: 1.6/2.0
- ☑ 15a. Developmental Milestones

Staffing 19a-79-4a
- ☑ 16. Staff Health Records/TB Tests
- ☑ 17. Professional Development
- ☑ 18. Disciplinary Actions
- ☑ 18b. Background Checks
- ☑ 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	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	✓
Dietitian	n/a	n/a

- ☑ 27. Logs/Visits Documented

Swimming: (Y/N)
- ☑ 28. Non-Swimmers Identified

Swimming cont.
- ☑ 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: 9/6/23
  Bacterial/Chemical Test (Y/N) Date: _____
- ☑ 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:	Written Corrective Action Plan Due to OEC by: prior to license issued	Signature of Person in Charge:
Jamie Fortin		
Print name: Jamie Fortin Kristi Morgan		Print name: Lucia Fonseca

Post for 30 Operating Days

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Aces Helen Doran Academy	License Number: pending	Date of Inspection: 9/20/23

Physical Plant continued:
- ☑ 67. Water Temperature 60°-115°
- ☑ 68. Portable Space Heaters
- ☑ 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
- ☑ 70. Rugs Secure
- ☑ 71. Hot Water/Steam Pipes Protected
- ☑ 72. Working Phone on Each Level
- ☑ 73. Emergency Numbers Posted
- ☐ 74. Adequate Lighting: 50/30 Candle Feet
- ☑ 75. Light Fixtures Shielded/Shatter Proof
- ☑ 76. Potentially Hazardous Substances Locked
- ☑ 77. Garbage/Rubbish Disposed Daily
- ☑ 78. Stairs Protected/Good Repair/Handrails
- ☑ 79. Pets: Maintained/Care Plan (Y/N)
- ☑ 80. Operable CO Detector on Each Level (Y/N)
- ☑ 81. Program Space/Adequate Sq. Ft. Per Child
- ☑ 82. Equipment: Good Repair/Safe/Non-toxic
- ☑ 83. Cots Stored/Maintained/Adequate Number
- ☑ 84. Developmentally Appropriate Equipment/Materials
- ☑ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
- ☑ 86. No Weapons/No Facsimile of a Firearm on Premise

Outdoor Space
- ☑ 87. Outdoor Space Adequate Sq. Ft. Per Child
- ☑ 88. Impact Absorbing Material under Equipment
- ☑ 89. Playground Free from Hazards
- ☑ 90. Peeling Paint (Y/N) Sample Taken (Y/N)
- ☑ 92. Equipment Anchored/Safely Arranged
- ☑ 93. Outdoor Play Area Protected/Fenced
- ☑ 94. Drinking Water Available/Accessible

Educational Requirements 19a-79-8a
- ☑ 95. Written Plan for Daily Program Available to Parents/Staff
- ☑ 96. 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
- ☑ 97. Written Policies/Procedures
- ☑ 98. Training Outline on file

Nonprescription Topical Medications
- ☑ 99. Administration/Parent Permission/MAR
- ☑ 100. Labeling/Storage

Oral/Topical/Inhalant/Injectable Medications
- ☑ 101. Med Trained Staff/Certificates
- ☑ 102. Authorized Prescriber/Parent Permission/MAR
- ☑ 103. Labeling/Storage
- ☑ 104. Unused/Expired Meds Returned/Disposed

Self-Administration
- ☑ 105. Authorized Prescriber/Parent Permission/MAR
- ☑ 106. Labeling/Storage
- ☑ 107. Approved Petition For Special Med Authorization

Under Three Endorsement 19a-79-10
- ☑ 109. Approved Endorsement
- ☑ 110. Ratio: 1 Staff to 4 Children
- ☑ 111. Group Size no Larger than 8
- ☑ 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
- ☑ 113. Adequate Sinks in Program Space
- ☑ 114. Free Standing/Well-Constructed/Safe Cribs
- ☑ 115. Washable Cots
- ☐ 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray
- ☑ 117. Dev. Appropriate Tables/Chairs/Equipment
- ☑ 118. Refrigerators and Food Prep Facilities
- ☑ 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
- ☑ 120. Washed/Disinfected
- ☑ 121. Disposable Paper Sheets
- ☑ 122. Covered Waste Receptacle
- ☑ 123. Diaper Changing Policy Posted
- ☑ 124. Hand Washing Policy Posted
- ☑ 125. Individual Storage of Personal Items
- ☑ 126. Cribs/Cots Washed/Disinfected
- ☑ 127. Under 12 Months Placed on Back for Sleeping
- ☑ 128. Alternate Sleep Position/Equip-Medical Document Y/N
- ☑ 129. Crib/Bed Used for Infant Sleeping
- ☑ 130. Crib/Bed Free from Observable Hazards
- ☑ 131. Infant Toys Separate/Washed/Disinfected Daily
- ☑ 132. No Toys/Objects Less than 1 ¼" Diameter
- ☑ 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
- ☑ 134. Health Consultant/Documentation of Visits
- ☑ 135. Infants Held for Bottles/Individual Attn/Tummy Time
- ☑ 136. Written Statement/Feeding Schedule from Parent
- ☑ 137. Unused Portions of Liquids Discarded
- ☑ 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
- ☑ 139. Food Served from Dish or Whole Jar Served
- ☑ 140. Bottles Individually Identified w/Child's Name

Outdoor Play Space-Under Three:
- ☑ 141. Play Space Fenced
- ☑ 142. Outdoor Equipment: Dev. Appropriate

School Age Children Endorsement 19a-79-11
- ☑ 143. Approved Endorsement
- ☑ 144. Activity choices appropriate
- ☑ 145. Ratio: 1 Staff to 10 Children
- ☑ 146. Group Size: Max. 20 Children
- ☑ 147. Education Consultant Appropriate

Night Care Endorsement 19a-79-12 (10pm-5am) n/a
- ☐ 148. Approved Endorsement
- ☐ 149. Written Program Plan/Supervision
- ☐ 150. Staff Awake/Available
- ☐ 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel
- ☐ 152. Individual Storage of Personal Items
- ☐ 153. Bedding/Sleeping Apparel Laundered Weekly

Monitoring of Diabetes 19a-79-13 n/a
- ☑ 154. Written Policies/Procedures
- ☑ 155. On Site Staff Trained in First Aid/Glucose Testing
- ☑ 156. Training Current/Documented
- ☑ 157. Supervision of Self Administration
- ☑ 158. Equipment/Supplies: Labeled/Inaccessible
- ☑ 159. Signed Agreement w/Parent Regarding Equipment
- ☑ 160. Materials Discarded Appropriately
- ☑ 161. Authorized Prescriber/Parent Permission
- ☑ 162. Documentation of Test Results/Actions Taken
- ☑ 163. Daily Written Parent Notifications

Signature of OEC Representative	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge
Jaime Fortin Kmorgan	Prior to PI: case issued	[signature]

Print Name: Jaime Fortin Kristi Morgan

Print Name: Lucia Fonseca

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Aces Helen Doron Academy License #: pending Date: 9/20/23

Observations/Corrections needed:

Violations at visit:

19a-79-4a(c)(iv)(D): infant room has seperate napping room licensed for 4. limiting supervision of the children while napping

(65) Venlitation not observed in downstairs bathroom

(74) Lighting at tables in Buttercups Room 2 Side A+B at 30/35 Candlefeet

(116) Safety straps not observed in 1 toddler rooms table.

Discussed: new director's TA available.; discussed individual storage-napping in 1 room; corrected at visit.

license capacity: 155

Under 3 Capacity 56

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: Jaime Fortin Krisom
(OEC Representative)

Print Name: Jaime Fortin Krisri morgan

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to license issued

Signature: [signature]
(Person in Charge)

Print Name: Lucia Fonseca

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Aces Helen Boron Academy License # pending Date: 9/20/23

Observations/Corrections needed:

Infants - 17.4 x 17.6 - (1 x 7.6) - (2.1 x 5.4) = 286.54 ÷ 35 = 8.17 [OK 8] u3 not in capac.

Infant nap room - 10.9 x 17.7 - (2.2 x 5) - (7.9 x 1) = 174.03 ÷ 35 = 4.97 [OK 4]

room 103 - 20.7 x 17.4 - (2 x 5) - (.9 x .4) - (4.8 x 2.1) - (5.7 x 5.3)
= 309.53 ÷ 35 = 8.84 [OK 8] u3

room 102 - 14.4 x 16.9 + (6.4 x 11.1) - (5.3 x 2.1) - (2.1 x 5.5) = 291.72 ÷ 35 = [OK 8] u3

room 101 - 14.3 x 17.3 + (6.3 x 13.7) - (1.9 x .6) - (2.1 x 5.3) - (2.1 x 5.5) = 309.88 ÷ 35 =
8.85 [OK 8] u3

Gym - 28.4 x 29.8 - (7.5 x 15.3) = 731.57 ÷ 35 = 20.90 [OK 20] or [8 u3] 3+

room 201 - 14.4 x 35 + (6.3 x 11.1) - 11.7 x 2) = 550.53 ÷ 35 = 15.73 [OK 15]

room 202 - 20.8 x 17.5 + (5 x 2) - (5.5 x 2) = 363 ÷ 35 = 10.37 [OK 10] 3+

room 203 - 17.6 x 23.6 + (6 x 1.1) + (4.8 x 3) = 436.36 ÷ 35 = 12.46 [OK 12] 3+

room 204 - 33.7 x 19.3 - (8 x 1.3) = 640.01 ÷ 35 = 18.29 [OK 18] 3+

room 1 - 22.5 x 15.1 + (10 x 5.1) = 339.75 ÷ 35 = 9.7 [OK 8 u3]

room 2A - 23.7 x 17.4 - (8.5 x 2.1) - (3.5 x 2.1) = 387.18 ÷ 35 = 11.06 [OK 8 u3]

room 2B - 13.9 x 23.7 - (5.5 x 2.1) = 317.88 ÷ 35 = 9.08 [OK 8 u3]

room 3 - 17.5 x 28.5 - (5 x 11.7) = 498.75 ÷ 35 = 14.25 [OK 14 3+]

room 4 - 19.3 x 21.2 - (8.4 x 3.5) = 379.76 ÷ 35 = 10.85 [OK 10 3+]

room 5 - 20.1 x 5.7 + (23.2 x 12.6) - (3.5 x 13.4) = 359.99 ÷ 35 = 10.29 [OK 10 3+ or 8 u3 not in cap.]

Art/SA - 24.7 x 17.3 - (3.8 x 3.9) + (4.5 x 9.2) - (4.9 x 2) + (12.5 x 16)
= 736.09 ÷ 35 = 21.03 [OK 20 3+]

Library - 21.9 x 11.5 - (7.4 x 4.6) = 217.81 ÷ 35 = 6.22 OK 6 not in capacity.

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Signature: K Morgan Jamie Foster
(OEC Representative)
Kristin Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: prior to license

Signature: [signature]
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Aces Helen Doron Academy License # pending Date: 9/20/23

Observations/Corrections needed:

Outside Measurements :

Green Carpet Area: (2 x 20.2) + 11.9 x 8.3) = 522.97 ÷ 75 = (6) spaces

outdoor Classroom : 49 x 118 (15 x 32 + 10 x 12) = 5782 - 480 - 120 = 5182 ÷ 75 = (69) children

grassy area: 59.5 x 54 = 3,213 ÷ 75 = 42.84 (42) children

Pea stone Front area: 48 x 75 = 3600 ÷ 75 = (48)

2T/playarea 32 x 45 = 1440 (5 x 20) = 1340 ÷ 75 = (17)

Infant : 20 x 20.9 = 418 ÷ 75 = (5)

number of children's toilets 14 Adult 2/2.
sinks 21

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

Signature: [signature] (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to license issued

Signature: _____ (Person in Charge)