



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 Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	ALL OUR CHILDREN ACADEMY				License Number	DCCC.70457		Date of Inspection	06/14/2024	
					Expiration Date	10/31/2026		Time of Inspection	10:01 AM	
Address	514 ORCHARD ST NEW HAVEN CT 06511-3210				Telephone	(203) 401-1041		Licensed Capacity	66	
					Hours of Operation	MON-FRI 6:00am-6:00pm		Infant/Toddler Capacity	29	
Is this a Change of Address?	Yes?		No?	X				Summer Care	Open	
New Address					Minimum Age Served	6 weeks	Maximum Age Served	12 years	Water Supply	Public Water
					Program's Email	escelenaharris@comcast.net				
Operator	ALL OUR CHILDREN ACADEMY, LLC				Name of Inspector	Jenn Schulz				
Director	GWENDOLYN N DANIELS				Inspector's Email	jennifer.schulz@ct.gov				
Key:	Compliant = X	# of Infants - Toddlers Present	9	# of Total Children Present	20	# of Staff Present	5	Type of Inspection	UNANNOUNCED INSPECTION - FULL	
Non-Compliant = O										

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date: 09/21/2022	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

O	1b. Administration	(a)Failed to ensure the safety, health and development of the children when a child was enrolled with a diagnosed seizure disorder and no proper documentation for medication and no trained staff on site.
X	1bb. Capacity	
X	2. New Staff – Employee Orientation	
	3. Annual Staff Policy Training	
X	3b. Managing child behavior	
X	4. Documentation of Behavior M. Tech Discussed w/parents	
X	4b. Failure to report	

X	5. Notification of Change	
X	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
X	7. Daily Attendance Records- staff and children	
ITEMS POSTED – ACCESSIBLE		
X	8. License	
X	9. Fire Marshal certificate	
	Date	07/14/2023
X	10. OEC Complaint procedure	
	11. Food Service Certificate	N/A?
	Date	X
X	12. Menus	
X	13. Emergency plans	Failed to post emergency plans in a conspicuous location.
X	14. No Smoking Signs	
X	15. Radon Test	N/A?
	Date	Results
	01/21/2022	0.6
X	15a. Developmental Milestones	
X	15b. Access	
X	15bb. Endorsements	
STAFFING 19a-79-4a		
X	15c. Staffing	
○	16. Staff Health records – TB tests	Failed to maintain TB test(s) for 1 out of 8 staff files observed.
X	17. Professional development	
X	18. Disciplinary actions	
X	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 Education and Dental consultant agreements and observed Health consultant agreement to be incomplete.																		
<input type="checkbox"/>	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs for dental and education consultants.																		
	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> <th>X</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician N/A?	X	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Education	Health	Social Service	Dental	Dietician N/A?	X															
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>																	
<input type="checkbox"/>			<input type="checkbox"/>																	
	Contracts																			
	Logs																			
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																			
RECORD KEEPING 19a-79-5a																				
<input type="checkbox"/>	32. Enrollment information	Failed to maintain enrollment information for each child for two out of 8 Childrens files and and missing documentation of parent work addresses for 5 out of 8 files reviewed.																		
<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																			

X	37. Child health records and immunizations		
O	38. Individual care plan (signed by parents and staff)	Failed to maintain individual care plans for 3 medications observed, 1 for diazepam, 1 for inhaler and 1 epi pen.. Failed to have staff and/or parents sign 9 care plans.	
X	39. Injury, Illness, Accident reports		
HEALTH AND SAFETY 19a-79-6a			
X	40. Nutritious snacks and meals (required food groups)		
X	41. Proper refrigeration (max 45°)		
X	42. Kitchen separated	N/A?	
X	43. Hand washing – before eating or food handling		
X	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
PHYSICAL PLANT 19a-79-7a			
X	45. License premises – clean, good repair, hazard free		
X	47b. Plans for new construction, expansion, renovation or conversion		
X	48. Sanitary drinking fountains – disposable cups		
O	49. Lead Water Test (N/A?) 02/24/2020	Bacterial/Chemical Test (N/A?) X	Failed to conduct a lead water test every 2 years
X	50. Walkways maintained		
X	51. Designated staff toilet/sink		
X	52. All openings for ventilation screened		
X	53. Windows protected to prevent falls		
X	54. Glass protected up to 36"		
X	55. Overhead doors – locking devices, spring protectors		
X	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	
O	67. Water temperature 60° – 115°	Failed to ensure the water temperature is between 60-115 degrees when water tested Childrens bathroom and sink in Childrens classroom measured greater than 120 degrees.
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
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	
X	76. Potentially hazardous substances locked	
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		
X	82. Equipment clean, good repair, safe, non-toxic		
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		
OUTDOOR SPACE			
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		
EDUCATIONAL REQUIREMENTS 19a-79-8a			
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	
ADMINISTRATION OF MEDICATIONS 19a-79-9a			
X	97. Written policies, procedures		
X	98. Training outline on file		

NONPRESCRIPTION TOPICAL MEDICATIONS								
X	99. Administration, parent permission, MAR							
X	100. Labeling, storage							
ORAL/TOPICAL/INHALENT MEDICATIONS								
X	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">101. Med trained staff, certificates</td> </tr> <tr> <td style="width: 50%;">O/T/I</td> <td>Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>	101. Med trained staff, certificates		O/T/I	Injectable	Y	Y	
101. Med trained staff, certificates								
O/T/I	Injectable							
Y	Y							
O	102. Authorized prescriber, parent permission, MAR	Failed to maintain written order from prescriber for medication for 2 inhalers, observed 3 authorizations on the incorrect form, missing information.						
O	103. Labeling, storage	Failed to maintain proper storage of medication. Failed to maintain proper labeling of medication for 1 inhaler not in original package and no pharmacy label. Failed to store a controlled medication in a safe manner when the diazepam was unlocked and accessible to children.						
O	104. Unused, expired meds returned/disposed	Failed to ensure that expired medication is destroyed or returned to the parent when 3 inhalers and 1 epi-pen was observed on site and children no longer enrolled, per director.						
SELF-ADMINISTRATION								
X	105. Authorized prescriber, parent permission, MAR							
X	106. Labeling, storage							
O	107. Approved petition for special medication authorization	Failed to petition the OEC for special medication permission for diazepam, observed on site for child in attendance.						
Yes	Is there an approved endorsement?	INFANT/TODDLER ENDORSEMENT 19a-79-10						
X	109. Approved endorsement							
X	110. Ratio: 1 staff to 4 children							
X	111. Group size: no larger than 8							
X	112. Physical barriers, groups of 8 (indoors and outdoors)							
X	113. Adequate sinks in program space							
X	114. Free standing, well-constructed, safe cribs							
X	115. Washable cots							
X	116. Chairs for feeding, stable, safety straps, locking tray							
X	117. Developmentally appropriate tables, chairs, equipment							
X	118. Refrigerators and food prop facilities							

X	119. Diaper area- sturdy, safety rail, nonporous, exclusive use			
X	120. Diaper area- washed, disinfected			
X	121. Diaper area- disposable paper sheets			
X	122. Covered waste receptacle			
X	123. Diaper changing policy posted, followed			
X	124. Hand washing policy posted, followed			
X	125. Individual storage of personal items			
X	126. Cribs/cots washed and disinfected			
X	127. Under 12 months- placed on back for sleeping			
X	128. Alternate sleep position- equipment, medical documentation	Yes	No	
			X	
X	129. Crib, bed used for infant sleeping			
X	130. Crib, bed free from observable hazards			
X	131. Infant toys separate, washed, disinfected daily			
X	132. No toys, objects less than 1/1/4" diameter			
X	133. Plastic bags, balloons, Styrofoam objects inaccessible			
X	134. Health consultant, doc. of visits			
X	135. Infants held for bottles, indiv. attention, tummy time			
X	136. Written statement, feeding schedule from parent			
X	137. Unused portions of liquids discarded			
X	138. Clean Bottles, disp. bottles, approved bottle washing			
X	139. Food served from dish or whole jar served			
X	140. Bottles individually identified with child's name			

OUTDOOR PLAY SPACE - UNDER THREE

X	141. Play space fenced	
X	142. Outdoor equipment developmentally appropriate	
Yes	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
X	143. Approved endorsement	
X	144. Activity choices appropriate	
X	145. Ratio – 1 staff to 10 children	
X	146. Group size – maximum 20 children	
X	147. Education Consultant appropriate	
Yes	Is there an approved endorsement?	NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)
X	148. Approved endorsement	
X	149. Written program plan, supervision	
X	150. Staff awake and available	
X	151. Cot, crib, bedding, toiletries, sleep apparel	
X	152. Individual storage of personal items	
X	153. Bedding, sleeping apparel laundered weekly	
N	Child with diabetes enrolled?	MONITORING OF DIABETES 19a-79-13
X	154. Written policies and procedures	
X	155. On site staff trained in first aid, glucose testing	
X	156. Training current and documented	
X	157. Supervision of self-administration	
X	158. Equipment, supplies labeled and inaccessible	

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

ADDITIONAL VIOLATIONS

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

YES or NO?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

#164 consent order monitored by additional Licensing specialist at this visit.
 Student enrollments records must include parent work addresses and phone numbers.
 Observed 4 licensed rooms to be inaccessible to children, not in use. Rooms currently being painted and will be inspected at follow up visit.
 Discussed the storage of medications and authorizations/care plans in manner to make them more easily accessible in the event of an emergency.
 Observed 1 microwave to be unclean, with spilled coffee on tray.

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.

<i>Jennifer Schulz</i> (Signature of OEC Representative)		DATE CORRECTIONS DUE BY:	<i>Gwendolyn Daniels</i> (Signature of Person in Charge)
Jenn Schulz (Printed Name)	(Printed Name)	06/28/2024	Gwendolyn Daniels (Printed Name)