Connecticut Office of Early Childhood

DIVISION OF LICENSING

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

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	BURLINGTON ACADEMY OF LEARNING	License Number	DCCC.16140	Date of Inspection	08/13/2024
		Expiration Date	11/30/2025	Time of Inspection	09:17 AM
Address	4/6 COVEY ROAD BURLINGTON CT 06013-1720	Telephone	(860) 675-3598	Licensed Capacity	104
		Hours of Operation	MONDAY-FRIDAY 6:30AM-6:00PM	Infant/Toddler Capacity	16
Is this a Change of Address?	Yes?	No? X		Summer Care	Open
New Address		Minimum Age Served	2 years	Maximum Age Served	12 years
		Water Supply	Public Well	Program's Email	mainoffice@burlingtonacademy.com
Operator	THE BURLINGTON ACADEMY OF LEARNING LLC	Name of Inspector	Kristi Morgan		
Director	ANALIA OZANO	Inspector's Email	kristi.morgan@ct.gov		
Key: Compliant = X Non-Compliant = O	# of Infants – Toddlers Present: 10	# of Total Children Present: 56	# of Staff Present: 12	Type of Inspection	UNANNOUNCED INSPECTION - FULL

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection Date: 07/10/2024	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

X	1b. Administration	
X	1bb. Capacity	
X	2. New Staff – Employee Orientation	
X	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**	
O	**9. Fire Marshal certificate** **Date** 07/28/2023	**Failed to maintain a current fire marshal inspection.**
X	**10. OEC Complaint procedure**	
	11. Food Service Certificate **Date**	**N/A?** X
X	**12. Menus**	
X	**13. Emergency plans**	
X	**14. No Smoking Signs**	
X	**15. Radon Test** **Date** 11/22/2004 **Results** .3	**N/A?**
X	**15a. Developmental Milestones**	
X	**15b. Access**	
X	**15bb. 32-36 mths enrolled in prek-permissions**	
	STAFFING 19a-79-4a	
X	**15c. Staffing**	
X	**16. Staff Health records – TB tests**	
X	**17. Professional development**	
X	**18. Disciplinary actions**	
X	**18b. Background checks**	

X	19. Designated Head Teacher	
X	20. Two Staff present	
X	20a. Staff Qualities	
X	21. Ratio: 1 staff to 10 children	
X	21b. Supervision	
X	22. Group Size – maximum 20 children	
X	23. Designated director - Training	
X	24. CPR Certified Staff (Group Home N/A)	
X	25. First Aid Trained Staff	
O	26. Consultants-Agreements and Contracts	Failed to maintain current consultant agreements for the dental and social service consultants.
O	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs by the social service and dental consultant.

Not in Compliance?	Education	Health	Social Service	Dental	Dietician N/A? X
Contracts			O	O	
Logs			O	O	

	Do they take children swimming? N	**SWIMMING**
X	28. Non-swimmers identified	
X	29. Staff/Child Ratios	
X	30. CPR certified staff (20 years of age)	
X	31. Lifeguard certified - supervision	

RECORD KEEPING 19a-79-5a

X	32. Enrollment information	
X	33. Emergency medical permission	
X	34. Authorized release permission	
X	35. Field trip permission	
X	36. Transportation permission	

X	37. Child health records and immunizations	
X	38. Individual care plan (signed by parents and staff)	
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		
O	45. License premises – clean, good repair, hazard free	Failed to maintain the building, equipment and services. Observed mechanical closet unlocked; tall white shelf in 3nsa unsecured; toilet seat in disrepair in 3nsa; vent dusty in 3nsa bathroom; outdoor bathroom sink trim in disrepair.
X	47b. Plans for new construction, expansion, renovation or conversion	
X	48. Sanitary drinking fountains – disposable cups	
X	49. Lead Water Test (N/A?) 06/02/2023	Bacterial/Chemical Test (N/A?) 09/02/2022
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**	
O	**65. Ventilation in toilet rooms**	**Failed to ensure that toilet rooms have operating mechanical ventilation in the JKK bathroom.**
X	**66. Air temperature 65 degrees, thermometer affixed**	
X	**67. Water temperature 60° – 115°**	
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**	
O	**74. Adequate lighting - 50/30 candle feet**	**Failed to maintain at least 50 candle feet of light in rooms used for reading, painting and other close work in both 3nsa rooms.**
X	**75. Light fixtures shielded, shatter proof**	
O	**76. Potentially hazardous substances locked**	**Failed to ensure that potentially hazardous substances are stored in a locked area. Observed staff resource room unlocked with chemicals inside; lysol spray unlocked in 2nsa bathroom; disinfectant unlocked in 3nsa bathroom;**
X	**77. Garbage, rubbish disposed daily**	

X	78. Stairs protected, good repair, handrails		
X	79. Pets – maintained, care plan	Y/N Y	
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		
O	88. Impact absorbing material under equipment	Failed to ensure a minimum of 8 inches of impact absorbing materials under climbers, slides and swings.	
O	89. Playground free from hazards	Failed to ensure the playground is free of glass, debris, holes and other hazards. Observed tarp with standing water and loose edges causing a tripping hazard; climbing rope in disrepair/fraying; rusting swing chains; cooler with standing water.	
X	92. Equipment anchored, safely arranged		
O	93. Outdoor play area protected, fenced	Failed to ensure that barriers/fencing is four feet in height near the digging area; 11 in gap under gate and small portion of fencing near the kindergarten academy building.	
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	**101. Med trained staff, certificates** O/T/I: Y Injectable: Y	
X	**102. Authorized prescriber, parent permission, MAR**	
X	**103. Labeling, storage**	
X	**104. Unused, expired meds returned/disposed**	
SELF-ADMINISTRATION		
X	**105. Authorized prescriber, parent permission, MAR**	
X	**106. Labeling, storage**	
X	**107. Approved petition for special medication authorization**	
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**	
No	**Is there an approved endorsement?**	**NIGHT CARE ENDORSEMENT 19a-79-12** **(10pm-5am)**
	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	
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?**	

YES or NO? Yes	**WERE VIOLATIONS CITED DURING THIS VISIT?**

DISCUSSIONS/COMMENTS

- 1 staff missing documentation of an annual policy training
- stained ceiling tiles in the outdoor bathroom
- 1 diaper cream form expired
- 1 screen with 2 small holes in it - window open.
- 1 staff TB test not observed
- 1 child's care plan not signed by 1 staff working with the child.

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)	**(Signature of OEC Representative)**	**DATE CORRECTIONS DUE BY:**	**(Signature of Person in Charge)**
Kristi Morgan **(Printed Name)**	**(Printed Name)**	**08/27/2024**	**Analia Ozano** **(Printed Name)**