



## DIVISION OF LICENSING

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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

<b>Program Name</b>	<b>CATHOLIC CHARITIES CHILD DEVELOPMENT CENTER- NEW HAVEN</b>				<b>License Number</b>	<b>DCCC.16763</b>	<b>Date of Inspection</b>	<b>10/15/2024</b>
					<b>Expiration Date</b>	<b>1/31/2026</b>	<b>Time of Inspection</b>	<b>08:45 AM</b>
<b>Address</b>	<b>790 GRAND AVE NEW HAVEN CT 06511-4941</b>				<b>Telephone</b>	<b>(203) 772-1131</b>	<b>Licensed Capacity</b>	<b>64</b>
					<b>Hours of Operation</b>	<b>FROM: 7:30AM TO: 5:30PM; PM HOURS FROM: TO:</b>	<b>Infant/Toddler Capacity</b>	<b>24</b>
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>			<b>Summer Care</b>	<b>Open</b>
<b>New Address</b>					<b>Minimum Age Served</b>	<b>6 weeks</b>	<b>Maximum Age Served</b>	<b>12 years</b>
					<b>Water Supply</b>		<b>Public Water</b>	
					<b>Program's Email</b>	<b>svelez@ccaoh.org</b>		
<b>Operator</b>	<b>CATHOLIC CHARITIES INC ARCHDIOCESE OF HTFD</b>				<b>Name of Inspector</b>	<b>Bridget Merrill</b>		
<b>Director</b>	<b>SYLVIA VELEZ</b>				<b>Inspector's Email</b>	<b>bridget.merrill@ct.gov</b>		
<b>Key:</b> Compliant = X Non-Compliant = O	<b># of Infants - Toddlers Present</b>	<b>14</b>	<b># of Total Children Present</b>	<b>47</b>	<b># of Staff Present</b>	<b>11</b>	<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>

#### LICENSURE PROCEDURES 19a-79-2a

<b>X</b>	<b>1. Local Health Inspection</b>	
	Date: <b>12/05/2023</b>	
<b>X</b>	<b>1a. False or Misleading Statements</b>	

#### ADMINISTRATION 19a-79-3a

<b>X</b>	<b>1b. Administration</b>	
<b>X</b>	<b>1bb. Capacity</b>	
<b>X</b>	<b>2. New Staff – Employee Orientation</b>	
<b>X</b>	<b>3. Annual Staff Policy Training</b>	
<b>X</b>	<b>3b. Managing child behavior</b>	
<b>X</b>	<b>4. Documentation of Behavior M. Tech Discussed w/parents</b>	
<b>X</b>	<b>4b. Failure to report</b>	

<b>X</b>	5. Notification of Change	
<b>X</b>	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
<b>O</b>	7. Daily Attendance Records- staff and children	Failed to record daily attendance for staff which shows time of arrival & departure.
<b>ITEMS POSTED – ACCESSIBLE</b>		
<b>X</b>	8. License	
<b>X</b>	9. Fire Marshal certificate	
	Date	11/28/2023
<b>X</b>	10. OEC Complaint procedure	
	11. Food Service Certificate	N/A?
	Date	X
<b>X</b>	12. Menus	
<b>X</b>	13. Emergency plans	
<b>X</b>	14. No Smoking Signs	
<b>X</b>	15. Radon Test	N/A?
	Date	Results
	12/04/2009	.5
<b>X</b>	15a. Developmental Milestones	
<b>X</b>	15b. Access	
<b>O</b>	15bb. 32-36 mths enrolled in prek-permissions	Failed to obtain written permission from parents and/or the director for prek enrollment for 1 child.
<b>STAFFING 19a-79-4a</b>		
<b>X</b>	15c. Staffing	
<b>O</b>	16. Staff Health records – TB tests	Failed to maintain current medical statement(s) for 1 staff.
<b>O</b>	17. Professional development	Failed to document new employee orientation for 1 staff.
<b>X</b>	18. Disciplinary actions	
<b>O</b>	18b. Background checks	Failed to maintain evidence of compliance with background checks for 3 staff.

<b>X</b>	19. Designated Head Teacher					
<b>X</b>	20. Two Staff present					
<b>X</b>	20a. Staff Qualities					
<b>X</b>	21. Ratio: 1 staff to 10 children					
<b>X</b>	21b. Supervision					
<b>X</b>	22. Group Size – maximum 20 children					
<b>X</b>	23. Designated director - Training					
<b>X</b>	24. CPR Certified Staff (Group Home N/A)					
<b>X</b>	25. First Aid Trained Staff					
<b>X</b>	26. Consultants- Agreements and Contracts					
<b>X</b>	27. Logs – Visits documented					
	Not in Compliance?	<b>Education</b>	<b>Health</b>	<b>Social Service</b>	<b>Dental</b>	<b>Dietician N/A?</b>
	Contracts					
	Logs					
	Do they take children swimming?	<b>N SWIMMING</b>				
<b>X</b>	28. Non-swimmers identified					
<b>X</b>	29. Staff/Child Ratios					
<b>X</b>	30. CPR certified staff (20 years of age)					
<b>X</b>	31. Lifeguard certified - supervision					
<b>RECORD KEEPING 19a-79-5a</b>						
<b>X</b>	32. Enrollment information					
<b>X</b>	33. Emergency medical permission					
<b>X</b>	34. Authorized release permission					
<b>X</b>	35. Field trip permission					
<b>X</b>	36. Transportation permission					

<b>X</b>	37. Child health records and immunizations		
<b>O</b>	38. Individual care plan (signed by parents and staff)	Failed to maintain complete individual care plans which includes staff signatures for 1 child in Toddlers & 1 child in Room B	
<b>X</b>	39. Injury, Illness, Accident reports		
<b>HEALTH AND SAFETY 19a-79-6a</b>			
<b>X</b>	40. Nutritious snacks and meals (required food groups)		
<b>X</b>	41. Proper refrigeration (max 45°)		
<b>X</b>	42. Kitchen separated	N/A?	
<b>X</b>	43. Hand washing – before eating or food handling		
<b>O</b>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory	Failed to maintain complete first aid kit(s) including manuals less than 5yrs in print, working thermometer & 2 cold packs in Waddlers, Toddlers, Infants & Room B.	
<b>PHYSICAL PLANT 19a-79-7a</b>			
<b>O</b>	45. License premises – clean, good repair, hazard free	Failed to maintain the building, equipment and services when stained ceiling tiles were observed in Room A classroom & hallway to bathroom & Room B bathroom & dusty bathroom vent in Room B.	
<b>X</b>	47b. Plans for new construction, expansion, renovation or conversion		
<b>X</b>	48. Sanitary drinking fountains – disposable cups		
<b>O</b>	49. Lead Water Test (N/A?) 09/01/2022	Bacterial/Chemical Test (N/A?) <b>X</b>	Failed to conduct a lead water test every 2 years. Observed lead water test to be more than 2yrs old.
<b>X</b>	50. Walkways maintained		
<b>X</b>	51. Designated staff toilet/sink		
<b>X</b>	52. All openings for ventilation screened		
<b>X</b>	53. Windows protected to prevent falls		
<b>X</b>	54. Glass protected up to 36"		
<b>X</b>	55. Overhead doors – locking devices, spring protectors		
<b>X</b>	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	
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	
X	74. Adequate lighting - 50/30 candle feet	
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 when laundry detergent was observed in bathroom, Lysol spray was observed in Room A closet & Lysol wipes & Swifer solution were observed in Waddlers.
X	77. Garbage, rubbish disposed daily	

<b>X</b>	78. Stairs protected, good repair, handrails	
<b>X</b>	79. Pets – maintained, care plan	Y/N N
<b>X</b>	80. Operable CO detector on each level	N/A? Y
<b>X</b>	81. Program space-adequate square footage per child	
<b>X</b>	82. Equipment clean, good repair, safe, non-toxic	
<b>X</b>	83. Cots stored, maintained, adequate number	
<b>X</b>	84. Developmentally appropriate equipment	
<b>X</b>	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N
<b>X</b>	86. No weapons, no facsimile of a firearm on premises	
<b>OUTDOOR SPACE</b>		
<b>X</b>	87. Outdoor space - adequate square footage per child	
<b>X</b>	88. Impact absorbing material under equipment	
<b>O</b>	89. Playground free from hazards	Failed to ensure screws that protrude are covered or protected in Infant/ Toddler playground.
<b>X</b>	92. Equipment anchored, safely arranged	
<b>X</b>	93. Outdoor play area protected, fenced	
<b>X</b>	94. Drinking water available, accessible	
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>		
<b>X</b>	95. Written plan for daily program available to parents/staff	
<b>X</b>	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
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>		
<b>X</b>	97. Written policies, procedures	
<b>X</b>	98. Training outline on file	

NONPRESCRIPTION TOPICAL MEDICATIONS		
<b>O</b>	99. Administration, parent permission, MAR	Failed to maintain complete written parent permission for 3 diaper creams in Infants & 2 diaper creams in Waddlers were missing dates of administration. Failed to maintain written parent permission for 2 diaper creams in Infants.
<b>X</b>	100. Labeling, storage	

ORAL/TOPICAL/INHALENT MEDICATIONS						
<b>X</b>	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">O/T/I</td> <td style="width: 10%; text-align: center;">Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>	O/T/I	Injectable	Y	Y	
O/T/I	Injectable					
Y	Y					
<b>O</b>	102. Authorized prescriber, parent permission, MAR	Failed to maintain written order from prescriber for Diphenhydramine in Toddlers & Albuterol in Room B.				
<b>X</b>	103. Labeling, storage					
<b>X</b>	104. Unused, expired meds returned/disposed					

SELF-ADMINISTRATION		
<b>X</b>	105. Authorized prescriber, parent permission, MAR	
<b>X</b>	106. Labeling, storage	
<b>X</b>	107. Approved petition for special medication authorization	

INFANT/TODDLER ENDORSEMENT 19a-79-10		
<b>No</b>	Is there an approved endorsement?	
<b>X</b>	109. Approved endorsement	
<b>X</b>	110. Ratio: 1 staff to 4 children	
<b>X</b>	111. Group size: no larger than 8	
<b>X</b>	112. Physical barriers, groups of 8 (indoors and outdoors)	
<b>O</b>	113. Adequate sinks in program space	Failed to maintain a separate sink for purposes other than hand washing after diapering when forks were observed in the hand wash sink in Infants.
<b>X</b>	114. Free standing, well-constructed, safe cribs	
<b>X</b>	115. Washable cots	
<b>X</b>	116. Chairs for feeding, stable, safety straps, locking tray	
<b>X</b>	117. Developmentally appropriate tables, chairs, equipment	
<b>X</b>	118. Refrigerators and food prep facilities	

<input type="radio"/>	119. Diaper area- sturdy, safety rail, nonporous, exclusive use	Failed to ensure the exclusive use of the diaper area in Waddlers & Infants when coats & toys were observed on the diaper tables.		
<input checked="" type="checkbox"/>	120. Diaper area- washed, disinfected			
<input checked="" type="checkbox"/>	121. Diaper area- disposable paper sheets			
<input checked="" type="checkbox"/>	122. Covered waste receptacle			
<input checked="" type="checkbox"/>	123. Diaper changing policy posted, followed			
<input checked="" type="checkbox"/>	124. Hand washing policy posted, followed			
<input checked="" type="checkbox"/>	125. Individual storage of personal items			
<input checked="" type="checkbox"/>	126. Cribs/cots washed and disinfected			
<input checked="" type="checkbox"/>	127. Under 12 months- placed on back for sleeping			
<input checked="" type="checkbox"/>	128. Alternate sleep position- equipment, medical documentation	Yes	No	
			<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	129. Crib, bed used for infant sleeping			
<input checked="" type="checkbox"/>	130. Crib, bed free from observable hazards			
<input checked="" type="checkbox"/>	131. Infant toys separate, washed, disinfected daily			
<input checked="" type="checkbox"/>	132. No toys, objects less than 1/1/4" diameter			
<input checked="" type="checkbox"/>	133. Plastic bags, balloons, Styrofoam objects inaccessible			
<input checked="" type="checkbox"/>	134. Health consultant, doc. of visits			
<input checked="" type="checkbox"/>	135. Infants held for bottles, indiv. attention, tummy time			
<input type="radio"/>	136. Written statement, feeding schedule from parent	Failed to maintain a written statement specifying the feeding schedule for 3 infants.		
<input checked="" type="checkbox"/>	137. Unused portions of liquids discarded			
<input checked="" type="checkbox"/>	138. Clean Bottles, disp. bottles, approved bottle washing			
<input checked="" type="checkbox"/>	139. Food served from dish or whole jar served			
<input checked="" type="checkbox"/>	140. Bottles individually identified with child's name			

**OUTDOOR PLAY SPACE - UNDER THREE**

<b>X</b>	141. Play space fenced	
<b>X</b>	142. Outdoor equipment developmentally appropriate	
<b>Yes</b>	Is there an approved endorsement?	<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>
<b>X</b>	143. Approved endorsement	
<b>X</b>	144. Activity choices appropriate	
<b>X</b>	145. Ratio – 1 staff to 15 children	
<b>X</b>	146. Group size – maximum 30 children	
<b>X</b>	146b. 4 yr olds enrolled in school age-permissions	
<b>X</b>	147. Education Consultant appropriate	
<b>No</b>	Is there an approved endorsement?	<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>
	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	
<b>N</b>	Child with diabetes enrolled?	<b>MONITORING OF DIABETES 19a-79-13</b>
<b>X</b>	154. Written policies and procedures	
<b>X</b>	155. On site staff trained in first aid, glucose testing	
<b>X</b>	156. Training current and documented	
<b>X</b>	157. Supervision of self-administration	
<b>X</b>	158. Equipment, supplies labeled and inaccessible	

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

**ADDITIONAL VIOLATIONS**

62. Consent Order - Negotiated Corrective Action Plan	N/A?	
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**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

Discussed/ gave new OEC complaint procedure.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
<b>Bridget Merrill</b> (Printed Name)	 (Printed Name)	<b>10/29/2024</b>	<b>Sylvia Velez</b> (Printed Name)