

**CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM**

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

<b>Program Name:</b>	Centro Renacer Child Care #3	<b>Date of Inspection:</b>	3.6.25	<b>Time of Arrival:</b>	10:01
<b>Address:</b>	178 Carlisle St	<b>License Number:</b>	70727	<b>Expiration Date:</b>	9.30.27
<b>Town:</b>	New Haven 06519	<b>Telephone Number:</b>	203-996-7143	<b>Summer Care:</b>	open
<b>Operator:</b>	178 Carlisle St LLC	<b># of Staff Present:</b>	4	<b># over 3 Present:</b>	0
<b>Email:</b>	centrorenacer123@gmail.com	<b>Total Capacity:</b>	14	<b>Total Under 3 capacity:</b>	14
<b>Designated Director:</b>	Ivonne Vargas	<b>Hours/Days of Operation:</b>	M-F 6:30-5:30	<b># under 3 Present:</b>	11
				<b>Ages Served:</b>	3 mos - 3 yrs

**Instruction Codes:** N/A = Not applicable at this time    ✓ = Regulation in Compliance    O = Regulation not in Compliance

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

**LICENSURE PROCEDURES 19a-79-2a**

1. (c)(8) Local Health Inspection-Date: 8.4.23

**ADMINISTRATION 19a-79-3a**

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMplete/IMPLEMENTED**
  - (d)(2)(A) Discipline policy
  - (d)(2)(B-C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
  - (e)(1) License posted
  - (e)(2) OEC Complaint Procedure posted
  - (e)(3) Menus posted
  - (e)(4) No Smoking posted signs at entrances
  - (e)(5) OEC Inspection report posted or available
  - (e)(6) Developmental Milestones posted

**STAFFING and CONSULTANTS 19a-79-4a cont.**

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. **RATIOS**
  - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
  - (d)(4)(B) Mixed age group-ratios
  - (d)(6) Nap time ratio
  - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. **GROUP SIZE**
  - (d)(5) Group Size-Indoors/Outdoors
  - (d)(5)(A) Group Size-school age field trips/outdoors
  - (d)(5)(B) Mixed age group-group size
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. (f)(2)
- 33. **PROFESSIONAL DEVELOPMENT**
  - (a)(2) Documentation
  - (h)(1)(2) Health & Safety training
  - (h)(1)(2) 1% annual hours
- 34. **SWIMMING ACTIVITIES - ~~Y/N~~**
  - (4)(C)(ii-v) Swimming-Ratios
  - (4)(C)(i) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- 35. **CONSULTANTS**
  - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
  - (i) Consultant agreements-signed annually
  - (i)(2)(A-H) Agreements complete w/required services
  - (F) Consultant logs-documented activities, observations and required services
  - (i)(2) Consultant visits- Education/Health
  - (H)(i)-(I)(i)

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	
Dietitian			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME <i>Centro Renacer Child Care 3</i>		LICENSE NUMBER <i>70727</i>	DATE OF INSPECTION <i>3-5-25</i>
PHYSICAL PLANT 19a-79-7a cont.		UNDER THREE ENDORSEMENT 19a-79-10 cont.	
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input checked="" type="checkbox"/> (f)(1)
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm	<input checked="" type="checkbox"/> (f)(2)
<input checked="" type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>	<input checked="" type="checkbox"/> (f)(3)
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child	<input checked="" type="checkbox"/> (f)(4)
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"	<input checked="" type="checkbox"/> (g)(1)
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards	<input checked="" type="checkbox"/> (g)(1)
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected	<input checked="" type="checkbox"/> (g)(2)
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/> (g)(3)
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request	<input checked="" type="checkbox"/> (g)(4)
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible	<input checked="" type="checkbox"/> (g)(5)
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<input checked="" type="checkbox"/> (g)(6)
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	<u>OUTDOOR PROTECTED/FENCING</u>	<input checked="" type="checkbox"/> (g)(7)
		Playground protected from traffic, water, gullies or other hazards	<input checked="" type="checkbox"/> (g)(8)
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> (h)(1)
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input checked="" type="checkbox"/> (h)(1)
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)	<input checked="" type="checkbox"/> (h)(2)
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i)	<u>WATER HAZARDS</u>	<input checked="" type="checkbox"/> (h)(2)
		Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)	<input checked="" type="checkbox"/> (i)(1)(2A-C)
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input checked="" type="checkbox"/> 130.
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)	<input checked="" type="checkbox"/> 131.
<u>EDUCATIONAL REQUIREMENTS 19a-79-8a</u>			<input checked="" type="checkbox"/> 132.
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate	<input checked="" type="checkbox"/> 133.
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>	<input checked="" type="checkbox"/> 134.
	<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity	<input checked="" type="checkbox"/> 135.
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games	<input checked="" type="checkbox"/> 136.
<u>UNDER THREE ENDORSEMENT 19a-79-10</u> (N/A)			<input checked="" type="checkbox"/> (j)
<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> (k)(1)
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> (k)(2)
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> (k)(3)
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/> (k)(4)
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input checked="" type="checkbox"/> (k)(5)
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/> (l)(1)
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> (l)(2)
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> (l)(3)
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities	
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free	
<input checked="" type="checkbox"/> 128.		<u>DIAPERING</u>	
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail	
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area	
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair	
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use	
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets	
	<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily	
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children	
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed	
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed	
			<input checked="" type="checkbox"/> 140.
			<input checked="" type="checkbox"/> 141.
			<input checked="" type="checkbox"/> 142.
			<input checked="" type="checkbox"/> 143.
			<input checked="" type="checkbox"/> 144.
			<input checked="" type="checkbox"/> 145.
			<input checked="" type="checkbox"/> 146.
			(b)
			(c)
			(c)(1)
			(c)(2)
			(c)(3)
			(d)
			(e)
			(f)
			(g)
			Approved Schl Age Endorsement
			<u>SCHEDULE - ACTIVITIES</u>
			Written daily program plan-flexible schedule-available to staff/parents
			Activities not a duplication of child's day
			Activities include cognitive, physical, social, emotional needs of the children
			Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
			Ratio- 1:15
			Group size- max. 30
			4 yr. olds enrolled in schl age-written authorization/permission from director/parent
			Head teacher approved- 60%

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Centro Renacer Child Care #3		7027	3-6-25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. <b>PARENT PERMISSIONS</b> <input checked="" type="checkbox"/> (a)(1)(D)(i) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(ii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Field trip permission <input checked="" type="checkbox"/> (a)(1)(D)(iv) Transportation permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Child Health Records <input checked="" type="checkbox"/> 39. (a)(2)(C) Immunization records <input checked="" type="checkbox"/> 40. (a)(2)(E) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 41. (a)(3)(A) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 42. (a)(3)(B) Parent notification of illness or injury <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify DPH, local health-reportable diseases <input checked="" type="checkbox"/> 45. (a)(4) Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained <input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls <input checked="" type="checkbox"/> 74. (d)(3) Window screens (Schl age only- N/A) <input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 36" <input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A) <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed <input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing/bedding <input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds <input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible <input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) <input checked="" type="checkbox"/> 82. <b>TOILETING</b> <input checked="" type="checkbox"/> (d)(10)(A) Shared toilets/sinks-supervision plan <input checked="" type="checkbox"/> (d)(10)(B) Toileting needs met <input checked="" type="checkbox"/> (d)(10)(C) Potty chairs-nonporous, emptied, disinfected <input checked="" type="checkbox"/> (d)(10)(C) Required toilets/sinks-1:16 <input checked="" type="checkbox"/> (d)(10)(D) Required toilets/sinks-1:25 schl age only <input checked="" type="checkbox"/> (d)(10)(E) Toileting Supplies-Hand drying-Garbage <input checked="" type="checkbox"/> (d)(10)(E) Handwashing staff/children <input checked="" type="checkbox"/> (d)(10)(F) Toilets/sinks located-at the facility or licensed premises <input checked="" type="checkbox"/> (d)(10)(G) Well lighted/ventilated toilet rooms <input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (Grp Homes N/A) <input checked="" type="checkbox"/> 83. (d)(11) Staff personal articles inaccessible <input checked="" type="checkbox"/> 84. <b>AIR TEMPERATURE</b> <input checked="" type="checkbox"/> 85. (e)(1) Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A) <input checked="" type="checkbox"/> (e)(1) Air temp <65°F comfortable (Schl age only-N/A) <input checked="" type="checkbox"/> (e)(2) Air temp > 80 °F - ↑ fluids/ventilation <input checked="" type="checkbox"/> 86. (e)(3) Water temperature 60 °F – 120 °F <input checked="" type="checkbox"/> 87. (e)(4) Portable space heaters prohibited <input checked="" type="checkbox"/> 88. (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> 89. (e)(5) Rugs- not tripping/slipping hazard <input checked="" type="checkbox"/> 90. (e)(6) Hot water/Steam pipes protected <input checked="" type="checkbox"/> 91. (e)(7) Working phone on each level <input checked="" type="checkbox"/> 92. (e)(7) Emergency numbers posted-adjacent to phones <input checked="" type="checkbox"/> 93. (e)(7) Parents provided direct on site phone number <input checked="" type="checkbox"/> 94. <b>LIGHTING</b> <input checked="" type="checkbox"/> (e)(8) All areas min. 1 foot candle of lighting <input checked="" type="checkbox"/> (e)(9) Adequate lighting-30/50 candle feet-mapping children-sufficient lighting to be visible <input checked="" type="checkbox"/> (e)(9) Schl age only-lighting for comfort <input checked="" type="checkbox"/> (e)(9) Light fixtures shielded/shatter proof <input checked="" type="checkbox"/> (e)(10) Potentially hazardous substances, materials – labeled, inaccessible <input checked="" type="checkbox"/> (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> 97. (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> 98. (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> 100. (e)(16) Prevention of vermin-openings screened <input checked="" type="checkbox"/> 101. (e)(17) Radon test- Results: <u>1.7</u> N/A <input checked="" type="checkbox"/> 102. (e)(18) Results posted-Date: <u>3.2.24</u> (Schls-N/A) <input checked="" type="checkbox"/> 103. (f)(1)(A) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> 104. (g)(1) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> 105. (g)(2) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust <input checked="" type="checkbox"/> 106. (g)(3) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) <input checked="" type="checkbox"/> 107. (g)(4) Air conditioners, water heaters, fuse boxes inaccessible Developmentally app equipment, materials		
HEALTH and SAFETY 19a-79-6a			
<input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A <input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks <input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees <input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths <input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection (N/A) <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils <input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A) <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area <input checked="" type="checkbox"/> 59. (c) <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 60. (c) <b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <input checked="" type="checkbox"/> 61. (d) <b>FIRST AID SUPPLIES</b> -addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags			
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>4-29-24</u> <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. (c)(5)(A) <b>WATER SUPPLY</b> – Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test – Date: <u>7-21-23</u> <input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: _____ N/A <input checked="" type="checkbox"/> 70. <b>LEAD PAINT</b> - <input checked="" type="checkbox"/> (c)(6)(A) Peeling Paint – Y/N Inside/Outside <input checked="" type="checkbox"/> (c)(6)(B-D) Building Pre-78: Y/N Lead Test: Y/N Results <u>lead identified</u> Lead Management Plan <u>every 6-12 months</u> <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access	<input checked="" type="checkbox"/> 95. (e)(10) <input checked="" type="checkbox"/> 96. (e)(11) <input checked="" type="checkbox"/> 97. (e)(12) <input checked="" type="checkbox"/> 98. (e)(13) <input checked="" type="checkbox"/> 99. (e)(14-15) <input checked="" type="checkbox"/> 100. (e)(16) <input checked="" type="checkbox"/> 101. (e)(17) <input checked="" type="checkbox"/> 102. (e)(18) <input checked="" type="checkbox"/> 103. (f)(1)(A) <input checked="" type="checkbox"/> 104. (g)(1) <input checked="" type="checkbox"/> 105. (g)(2) <input checked="" type="checkbox"/> 106. (g)(3) <input checked="" type="checkbox"/> 107. (g)(4)		

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4**

<b>PROGRAM NAME</b> Centro Renacer Childcare 3	<b>LICENSE NUMBER</b> 70727	<b>DATE OF INSPECTION</b> 3-6-25
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<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b> <input checked="" type="checkbox"/>	<b>MONITORING OF DIABETES 19a-79-13 Y/N</b> <input checked="" type="checkbox"/>
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<input type="checkbox"/> 147. <input type="checkbox"/> 148. <input type="checkbox"/> 149. <input type="checkbox"/> 150. <input type="checkbox"/> 151. <input type="checkbox"/> 152. <input type="checkbox"/> 153.  <input type="checkbox"/> 154. <input type="checkbox"/> 155. <input type="checkbox"/> 156.	(b) (b)(1) (b)(2) (b)(3) (b)(4) (b)(5) (b)(6) (b)(6)(A) (b)(6)(B) (b)(6)(C) (b)(6)(D) (b)(7) (b)(8) (b)(9) (b)(10)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available <u>SLEEP PROVISIONS</u> Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval	<input checked="" type="checkbox"/> 171. <input checked="" type="checkbox"/> 172.  <input type="checkbox"/> 173.  <input checked="" type="checkbox"/> 174. <input checked="" type="checkbox"/> 175. <input checked="" type="checkbox"/> 176.  <input checked="" type="checkbox"/> 177. <input checked="" type="checkbox"/> 178. <input checked="" type="checkbox"/> 179.	(a)(1) (b)(1)(A) (b)(1)(B) (i)-(iii) (b)(2) (b)(3) (c)(2) (c)(3) (d)(1) (d)(2) (d)(3) (e)(1) (e)(2) (e)(3)	Written policies and procedures <u>STAFF TRAINING</u> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
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<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N</b> <input checked="" type="checkbox"/>	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/> 157. <input checked="" type="checkbox"/> 158.  <input checked="" type="checkbox"/> 159.  <input checked="" type="checkbox"/> 160.  <input checked="" type="checkbox"/> 161. <input checked="" type="checkbox"/> 162.  <input checked="" type="checkbox"/> 163. <input checked="" type="checkbox"/> 164. <input checked="" type="checkbox"/> 165. <input checked="" type="checkbox"/> 166. <input checked="" type="checkbox"/> 167. <input checked="" type="checkbox"/> 168. <input checked="" type="checkbox"/> 169. <input checked="" type="checkbox"/> 170.	(9a) (9a)  (a)(2) (a)(3)(A-B) (a)(3)(C) (b)(1)(A/C) (b)(1)(D) (b)(1)(E) (b)(1)(F) (b)(2)(A-B) (b)(2)(C) (b)(3)(A-B) (b)(3)(D) (b)(4)(A-B) (b)(5)(A-B) (b)(5)(C) (b)(5)(D) (b)(5)(E) (b)(6) (b)(7)(A-B) (d)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes <u>NONPRESC. TOPICAL MEDICATION</u> Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned <u>MEDICATION TRAINING</u> Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution–permission and storage (N/A)	<input checked="" type="checkbox"/> 180. NA	- Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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**DISCUSSIONS - COMMENTS**

- all items checked were observed or discussed

- provided a copy of the program policy review checklist with new requirements highlighted, in accordance with newly enacted regulations effective 10/16/24.

operator to ensure policies, plans and procedures are updated to meet new regulator requirements

<b>SIGNATURE OF OEC STAFF</b>	Jen Schutz Eileen Ruiz	<b>SIGNATURE OF PERSON IN CHARGE</b>	J.M. Irinne M Vargas
<b>PRINTED NAME</b>	Jen Schutz Eileen Ruiz		Irinne M Vargas

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 3-20-25 CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Centro Renacer Child Care #3 License # 70727 Date: 3.6.25Observations/Corrections needed:

#35 (i)(2)(A-H) Observed current Education and social service consultant agreements to not include additional responsibilities required in new regulations effective 10/16/24

#70 (i)(6)(B-D) Lead management plan: program has lead identified and lead management plan including documentation of inspection every 6-12 months not observed.

#195 Observed cleaning supplies including bleach, lysol, Fabuloso and disinfectant spray accessible under hand wash sinks in infant and toddler classes when cabinets are not locked and toxins are accessible to children.

#111 (h)(3) Observed small/sharp objects on playground (turf playground) for infants. Observed several screws, thumb tack, small pieces of plastic packaging and pieces of cut wire.  
(h)(4) Observed 5 bolt ends along gates entering/exiting turf playground.

Discussed

include enrollment dates on childrens form  
observed vines with red berries - ensure plant is not toxic.

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: Jen Schulz Eileen Ruiz  
(OEC Representative)

Print Name: Jen Schulz Eileen Ruiz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: JMV  
(Person in Charge)

OEC BY: 3.20.25

Print Name: Ironne M Vargas