



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM

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

| | | | | | |
|----------------------|---|--------------------------|---------------------------|-------------------------|-----------|
| Program Name: | Centro San Jose Child Development Center | Date of Inspection: | 4/2/2025 | Time of Arrival: | 9:05AM |
| Address: | 290 Grand Ave. | License Number: | 15510 | Expiration Date: | 3/31/2026 |
| Town: | New Haven, CT. 06513-3723 | Telephone Number: | 203-777-6771 | Summer Care: | Open |
| Operator: | Catholic Charities Inc. Archdiocese of Hartford | # of Staff Present: | 9 | # over 3 Present: | 5 |
| Email: | Svelez@cccdh.org | Total Capacity: | 59 | Total Under 3 capacity: | 6 |
| Designated Director: | Sylvia Velez | Hours/Days of Operation: | Monday-Friday 730AM-530PM | | |

Instruction Codes: = Regulation in Compliance = Regulation not in Compliance = Not applicable at this time

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

LICENSURE PROCEDURES 19a-79-2a STAFFING and CONSULTANTS 19a-79-4a

| | |
|---|---|
| <input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 6/28/2024 | <input checked="" type="checkbox"/> 19. (a)(1) Staff health records |
|---|---|

ADMINISTRATION 19a-79-3a

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

| <input checked="" type="checkbox"/> 20. (a)(3) Disciplinary actions | <input checked="" type="checkbox"/> 21. (b) Comprehensive Background Checks | <input checked="" type="checkbox"/> 22. (b)(2) Past employment history | <input checked="" type="checkbox"/> 23. (b)(4) Evidence of compliance with bknd cks/history | <input checked="" type="checkbox"/> 24. (d) Adequate staffing | <input checked="" type="checkbox"/> 25. (d)(1)-(e)(2) Designated head teacher-approved-60% | <input checked="" type="checkbox"/> 26. (d)(2) Two staff present-age 18 or older | <input checked="" type="checkbox"/> 27. (d)(3)(A-C) Personal qualities of staff | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|---|---|--|-----------|------|--------|-----------|---|---|---|--------|---|---|---|------------|---|---|---|-----------|---|---|---|
| <input checked="" type="checkbox"/> (d)(4)(A) RATIOS | <input checked="" type="checkbox"/> (d)(4)(B) Ratio 1:10 - Indoors/Outdoors | <input checked="" type="checkbox"/> (d)(6) Mixed age group | <input checked="" type="checkbox"/> (d)(4)(D) Nap time ratio | <input checked="" type="checkbox"/> (d)(5) Supervision-Indoors/Outdoors | <input checked="" type="checkbox"/> (d)(5)(A) GROUP SIZE | <input checked="" type="checkbox"/> (d)(5)(B) Group Size-Indoors/Outdoors | <input checked="" type="checkbox"/> (e)(1) Group Size-school age field trips/outdoors | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 28. (f)(1) Designated director-training | <input checked="" type="checkbox"/> 29. (f)(2) CPR certified program staff | <input checked="" type="checkbox"/> 30. (f)(1) First aid certified program staff | <input checked="" type="checkbox"/> 31. (f)(2) PROFESSIONAL DEVELOPMENT | <input checked="" type="checkbox"/> 32. (a)(2) Documentation of prof. dev/trainings | <input checked="" type="checkbox"/> 33. (h)(1) Health & Safety training | <input checked="" type="checkbox"/> 34. (h)(2) 1% annual hours | <input checked="" type="checkbox"/> (4)(C)(ii-v) SWIMMING ACTIVITIES - Y/N | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 35. (i) - Swimming-Ratios | <input checked="" type="checkbox"/> (i)(2)(A-H) Non-swimmers identified | <input checked="" type="checkbox"/> (H)(i)-(I)(i) CPR certified staff-age 20 or older | <input checked="" type="checkbox"/> (i)(1)-(I)(i) Lifeguard-certified-supervising | <input checked="" type="checkbox"/> (i)(1)-(I)(i) CONSULTANTS | <input checked="" type="checkbox"/> (i)(1)-(I)(i) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A) | <input checked="" type="checkbox"/> (i)(1)-(I)(i) Consultant agreements-signed annually-agreements complete w/required services | <input checked="" type="checkbox"/> (i)(1)-(I)(i) Consultant logs-documented activities, observations and required services | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> (i)(1)-(I)(i) Consultant visits- Education/Health | <table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Health</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Soc. Serv.</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Dietitian</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> </tbody> </table> | | | | | | | | Contracts | Logs | Visits | Education | ✓ | ✓ | ✓ | Health | ✓ | ✓ | ✓ | Soc. Serv. | ✓ | ✓ | ✓ | Dietitian | ✓ | ✓ | ✓ |
| | Contracts | Logs | Visits | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | |
| Health | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | |
| Soc. Serv. | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | |
| Dietitian | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Centro San Jose Child Development Center LICENSE NUMBER 1561D DATE OF INSPECTION 4/2/2005

RECORD KEEPING 19a-79-5a **PHYSICAL PLANT 19a-79-7a cont.**

| | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> 36. (a)(1)(A-C) | Children's Enrollment information | <input checked="" type="checkbox"/> 71. (d)(1) | Emergency vehicle access |
| <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) | PARENT PERMISSIONS | <input checked="" type="checkbox"/> 72. (d)(2) | Walkways maintained |
| <input checked="" type="checkbox"/> (a)(1)(D)(ii) | Emergency medical permission | <input checked="" type="checkbox"/> 73. (d)(3) | Windows protected to prevent falls |
| <input checked="" type="checkbox"/> (a)(1)(D)(iii) | Authorized release permission | <input checked="" type="checkbox"/> 74. (d)(3) | Window screens |
| <input checked="" type="checkbox"/> (a)(1)(D)(iv) | Field trip permission | <input checked="" type="checkbox"/> 75. (d)(4) | Glass/mirrors protected- 36" |
| <input checked="" type="checkbox"/> 38. (a)(2)(A-B) | Transportation permission | <input checked="" type="checkbox"/> 76. (d)(5) | Overhead doors-locking devices, spring protectors (N/A) |
| <input checked="" type="checkbox"/> 39. (a)(2)(C) | Child Health Records | <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) | Exits, stairs, hallways unobstructed |
| <input checked="" type="checkbox"/> 40. (a)(2)(E) | Immunization records | <input checked="" type="checkbox"/> 78. (d)(7) | Individual storage of clothing and bedding |
| <input checked="" type="checkbox"/> 41. (a)(3)(A) | Individual care plan-signed by parents/staff | <input checked="" type="checkbox"/> 79. (d)(8) | SMOKING |
| <input checked="" type="checkbox"/> 42. (a)(3)(B) | Injury, Illness, Incident, Accident reports | <input checked="" type="checkbox"/> (d)(8) | Smoking, vaping or other electronic nicotine device prohibited on premises/grounds |
| <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) | Parent notification of illness or injury | <input checked="" type="checkbox"/> (d)(8) | Matches/lighters inaccessible |
| <input checked="" type="checkbox"/> 44. (a)(3)(D) | Notify OEC of serious injuries, fatality | <input checked="" type="checkbox"/> 81. (d)(9) | Electrical safety - outlets inaccessible - covered or protected |
| <input checked="" type="checkbox"/> 45. (a)(4) | Notify DPH, local health-reportable diseases | <input checked="" type="checkbox"/> 82. (d)(10)(A) | TOILETING |
| | Video recordings- keep 30 days | <input checked="" type="checkbox"/> (d)(10)(B) | Shared toilets/sinks-supervision plan |

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"/> 83. (d)(11) | Staff personal articles inaccessible |
| <input checked="" type="checkbox"/> 47. (a)(2) | Nutritious meals and snacks | <input checked="" type="checkbox"/> 84. (e)(1) | AIR TEMPERATURE |
| <input checked="" type="checkbox"/> 48. (a)(3) | Proper refrigeration-41 degrees | <input checked="" type="checkbox"/> (e)(2) | Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall |
| <input checked="" type="checkbox"/> 49. (a)(4) | Menus-1 wk in advance- keep 3 mths | <input checked="" type="checkbox"/> (e)(3) | Air temp > 80 °F - ↑ fluids/ventilation |
| <input checked="" type="checkbox"/> 50. (a)(5) | Food Service Inspection (N/A) | <input checked="" type="checkbox"/> (e)(4) | Water temperature 60°F-120°F |
| <input checked="" type="checkbox"/> 51. (a)(6) | Kitchen-clean/safe storage of food/supplies(N/A) | <input checked="" type="checkbox"/> (e)(5) | Portable space heaters prohibited |
| <input checked="" type="checkbox"/> 52. (a)(7) | Separate hand washing facilities | <input checked="" type="checkbox"/> (e)(5) | WALLS/CEILINGS/FLOORS/RUGS |
| <input checked="" type="checkbox"/> 53. (a)(8) | Multi-use eating/drinking utensils | <input checked="" type="checkbox"/> (e)(6) | Walls/ceilings/floors/rugs-clean/good repair |
| <input checked="" type="checkbox"/> 54. (a)(9) | Kitchen separated (N/A) | <input checked="" type="checkbox"/> (e)(7) | Rugs- not a tripping/slipping hazard |
| <input checked="" type="checkbox"/> 55. (a)(10) | Children supervised during meal prep | <input checked="" type="checkbox"/> (e)(7) | Hot water/Steam pipes protected |
| <input checked="" type="checkbox"/> 56. (a)(11) | Handwashing-staff/children | <input checked="" type="checkbox"/> (e)(7) | TELEPHONE/TELEPHONE NUMBERS |
| <input checked="" type="checkbox"/> 57. (b)(1) | Illness procedures-staff knowledgeable, children observed for signs/symptoms | <input checked="" type="checkbox"/> (e)(8) | Working phone on each level |
| <input checked="" type="checkbox"/> 58. (b)(2) | Designated isolation area | <input checked="" type="checkbox"/> (e)(9) | Emergency numbers posted-adjacent to phones |
| <input checked="" type="checkbox"/> 59. (c) | FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips | <input checked="" type="checkbox"/> 94. (e)(9) | Parents provided direct on site phone number |
| <input checked="" type="checkbox"/> (c) | FIRST AID SUPPLIES -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"/> (e)(9) | LIGHTING |
| <input checked="" type="checkbox"/> (d) | FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A) | <input checked="" type="checkbox"/> (e)(9) | All areas min. 1 foot candle of lighting |

PHYSICAL PLANT 19a-79-7a

| | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> 62. (a)(2) | Fire marshal codes/certificate <u>6/26/2004</u> | <input checked="" type="checkbox"/> 95. (e)(10) | Potentially hazardous substances, materials labeled, inaccessible |
| <input checked="" type="checkbox"/> 63. (b) | Indoor/Outdoor space inspected/approved | <input checked="" type="checkbox"/> 96. (e)(11) | Garbage/rubbish-disposed of daily, containers in good repair |
| <input checked="" type="checkbox"/> 64. (b)(1)-(5) | Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission | <input checked="" type="checkbox"/> 97. (e)(12) | Stairs-protected/good repair-handrails |
| <input checked="" type="checkbox"/> 65. (b)(6) | Licensed premises-clean, good repair, hazard free, maintenance program | <input checked="" type="checkbox"/> 98. (e)(13) | Toxic plants/materials inaccessible |
| <input checked="" type="checkbox"/> 66. (c)(2) | Building/Equipment/Furnishings-sanitary, hazard free (N/A) | <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"/> 67. (c)(3) | Testing of premises/grounds for chemicals | <input checked="" type="checkbox"/> 100. (e)(16) | Measures to prevent vermin |
| <input checked="" type="checkbox"/> 68. (c)(4) | WATER SUPPLY - Public/Well (Schools-N/A) | <input checked="" type="checkbox"/> 101. (e)(17) | Radon test- Results: <u>115 pCi/L</u> (Schls-N/A) |
| <input checked="" type="checkbox"/> 69. (c)(5)(A) | Lead Water Test - Date: <u>12/15/2003</u> | <input checked="" type="checkbox"/> 102. (e)(18) | Carbon monoxide detector-each level N/A |
| <input checked="" type="checkbox"/> (c)(5)(B) | Bact./Chem Test-Date: (N/A) | <input checked="" type="checkbox"/> 103. (f)(1)(A) | Program space-adequate-35 sq. ft. per child |
| <input checked="" type="checkbox"/> (c)(5)(C) | Drinking water available/accessible | <input checked="" type="checkbox"/> 104. (g)(1) | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust |
| <input checked="" type="checkbox"/> 70. (c)(6)(A) | LEAD PAINT - Building Pre-78 <u>Y</u> Lead Test <u>Y</u> Results <u>None</u> | <input checked="" type="checkbox"/> 105. (g)(2) | Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) |
| <input checked="" type="checkbox"/> (c)(6)(B-D) | Lead Management Plan <u>N/A</u> | <input checked="" type="checkbox"/> 106. (g)(3) | Air conditioners/water heaters/fuse boxes inaccessible |
| <input checked="" type="checkbox"/> | Peeling Paint - <u>Y</u> Inside/Outside | <input checked="" type="checkbox"/> 107. (g)(4) | Developmentally app equipment, materials |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

| | | |
|--|---------------------------------------|--|
| PROGRAM NAME <i>Centro San Jose Child Development Center</i> | LICENSE NUMBER <i>1551D</i> | DATE OF INSPECTION <i>4/6/2025</i> |
|--|---------------------------------------|--|

PHYSICAL PLANT 19a-79-7a cont. **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

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|-------------------------------------|------|-----------|--|-------------------------------------|------|--------------|--|
| <input checked="" type="checkbox"/> | 108. | (g)(5) | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls | <input checked="" type="checkbox"/> | 128. | | DIAPERING cont. |
| <input checked="" type="checkbox"/> | 109. | (g)(6) | Indoor climbing play equipment-shock absorbing materials under and around | <input type="checkbox"/> | | (e)(2) | Diaper area: used only for this purpose, located in the program area |
| <input checked="" type="checkbox"/> | 110. | (j) | No weapons/no facsimile of a firearm | <input type="checkbox"/> | | (e)(3) | Diaper area: non-porous surface/good repair |
| <input checked="" type="checkbox"/> | 111. | | OUTDOOR SPACE | <input type="checkbox"/> | | (e)(4) | Diaper area: washed/disinfected after use |
| <input checked="" type="checkbox"/> | | (h)(1) | Adequate space- 75 sq. ft. per child | <input type="checkbox"/> | | (e)(5) | Diaper area: disposable paper sheets |
| <input checked="" type="checkbox"/> | | (h)(2) | Shock absorbing surfaces-minimum 8" | <input type="checkbox"/> | | (e)(6-9) | Covered waste receptacle-removed daily |
| <input checked="" type="checkbox"/> | | (h)(3) | Playground free from hazards | <input type="checkbox"/> | | (e)(7) | Handwashing-staff/children |
| <input checked="" type="checkbox"/> | | (h)(4) | Nuts, bolts, screws-tight, covered/protected | <input type="checkbox"/> | | (e)(8) | Diapering-Handwashing policies-posted/followed |
| <input checked="" type="checkbox"/> | | (h)(5) | Outside equipment anchored-anchors buried | <input checked="" type="checkbox"/> | 129. | (e)(10)(A-C) | Cloth diapers-written plan developed |
| <input checked="" type="checkbox"/> | | (h)(6) | New equip- cert play. Inspection upon request | <input type="checkbox"/> | | (f)(1) | LINENS/CLOTHING |
| <input checked="" type="checkbox"/> | | (h)(8) | Drinking water available/accessible | <input type="checkbox"/> | | (f)(2) | Linens/emergency clothing available |
| <input checked="" type="checkbox"/> | | (h)(9) | Equipment arranged for safety-equip/fences/structures not hazardous | <input type="checkbox"/> | | (f)(3) | Linens washed weekly or as needed |
| <input checked="" type="checkbox"/> | 112. | | OUTDOOR PROTECTED/FENCED | <input type="checkbox"/> | | (f)(4) | Linens/clothing stored individually |
| <input checked="" type="checkbox"/> | | (h)(7) | Playground protected from traffic, water, gullies or other hazards | <input checked="" type="checkbox"/> | 130. | (g)(1) | Cribs/cots cleaned-linens changed when shared |
| <input checked="" type="checkbox"/> | | (h)(7)(A) | Fences installed to protect from hazards-4 ft | <input type="checkbox"/> | | (g)(1) | SAFE SLEEP |
| <input checked="" type="checkbox"/> | | (h)(7)(B) | Fences installed to protect from water-4 ft, self closing and self latching devices or locks | <input type="checkbox"/> | | (g)(1) | Under 12 mths placed on back for sleeping |
| <input checked="" type="checkbox"/> | 114. | (h)(7)(C) | Rooftop play areas-6 ft. wall/barrier | <input type="checkbox"/> | | (g)(2) | Crib-slug fitting mattress/tightly fitted sheet |
| <input checked="" type="checkbox"/> | | (i) | WATER HAZARDS | <input type="checkbox"/> | | (g)(3) | Alternate sleep position/equipment-medical documentation for medical reason on file |
| <input checked="" type="checkbox"/> | | (i) | Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 | <input type="checkbox"/> | | (g)(4) | Infants allowed to adopt other sleep positions |
| <input checked="" type="checkbox"/> | | (i) | Wading pools prohibited | <input type="checkbox"/> | | (g)(5) | No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles |
| <input checked="" type="checkbox"/> | | (i) | Hot tubs/spas/saunas-locked/inaccessible | <input type="checkbox"/> | | (g)(5) | No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes |

EDUCATIONAL REQUIREMENTS 19a-79-8a

| | | | | | | |
|-------------------------------------|------|----------|--|-------------------------------------|------|--------------|
| <input checked="" type="checkbox"/> | 115. | (a) | Written daily/weekly educational plan - developmentally appropriate- available to staff/parents | <input checked="" type="checkbox"/> | 131. | |
| <input checked="" type="checkbox"/> | 116. | (a) | EDUCATIONAL REQUIREMENTS | <input type="checkbox"/> | | (h)(1) |
| <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, moderate and vigorous physical activity that takes place outdoors | <input type="checkbox"/> | | (h)(1) |
| <input checked="" type="checkbox"/> | | (b) | Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes | <input type="checkbox"/> | | (h)(2) |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | | (h)(2) |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | | (i)(1)(2A-C) |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | | (j) |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | | (k)(1) |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | | (k)(2) |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | | (k)(3) |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | | (k)(4) |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | | (k)(5) |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | | (l)(1) |

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

| | | | | | | |
|--------------------------|------|----------------|--|--------------------------|------|--------|
| <input type="checkbox"/> | 117. | (b) | Approved Under 3 Endorsement | <input type="checkbox"/> | 137. | (l)(1) |
| <input type="checkbox"/> | 118. | (c)(2) | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) | <input type="checkbox"/> | | (l)(2) |
| <input type="checkbox"/> | 119. | (c)(3) | Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) | <input type="checkbox"/> | | (l)(3) |
| <input type="checkbox"/> | 120. | (c)(4) | Physical barriers separating each group of children- indoors/outdoors | <input type="checkbox"/> | | |
| <input type="checkbox"/> | 121. | (d)(1)(A-C) | Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep | <input type="checkbox"/> | | |
| <input type="checkbox"/> | 122. | (d)(2)(Ai-iii) | Cribs/Pack-n-Plays -in compliance w/CPSC | <input type="checkbox"/> | | |
| <input type="checkbox"/> | 123. | (d)(2)(B) | Washable cots | <input type="checkbox"/> | | |
| <input type="checkbox"/> | 124. | (d)(2)(C) | Chairs for feeding-stable base-safety straps-locking tray | <input type="checkbox"/> | | |
| <input type="checkbox"/> | 125. | (d)(2)(D) | Dev. appropriate tables/chairs/equipment | <input type="checkbox"/> | | |
| <input type="checkbox"/> | 126. | (d)(2)(E) | Refrigerator and food prep facilities | <input type="checkbox"/> | | |
| <input type="checkbox"/> | 127. | (d)(3)(A-C) | Optional furniture/equip-safe/hazard free | <input type="checkbox"/> | | |
| <input type="checkbox"/> | 128. | (e)(1) | DIAPERING | <input type="checkbox"/> | | |
| | | | Diaper area: elevated/sturdy/safety rail | <input type="checkbox"/> | | |

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

| | | | | | | |
|--------------------------|------|--------|--|--------------------------|------|-----|
| <input type="checkbox"/> | 140. | (b) | Approved Schl Age Endorsement | <input type="checkbox"/> | 143. | (d) |
| <input type="checkbox"/> | 141. | (c) | SCHEDULE - ACTIVITIES | <input type="checkbox"/> | | (e) |
| <input type="checkbox"/> | | (c) | Written daily program plan-flexible schedule-available to staff/parents | <input type="checkbox"/> | | |
| <input type="checkbox"/> | | (c)(1) | Activities not a duplication of child's day | <input type="checkbox"/> | | |
| <input type="checkbox"/> | | (c)(2) | Activities include cognitive, physical, social, emotional needs of the children | <input type="checkbox"/> | | |
| <input type="checkbox"/> | | (c)(3) | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events | <input type="checkbox"/> | | |
| <input type="checkbox"/> | | | Ratio- 1:15 | <input type="checkbox"/> | | |
| <input type="checkbox"/> | | | Group size- max. 30 | <input type="checkbox"/> | | |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

| | | | | | |
|---------------------|--|-----------------------|-------|---------------------------|----------|
| PROGRAM NAME | Centro San Jose Child Development Center | LICENSE NUMBER | 15510 | DATE OF INSPECTION | 4/2/2025 |
|---------------------|--|-----------------------|-------|---------------------------|----------|

| | |
|---|---|
| SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N | MONITORING OF DIABETES 19a-79-13 Y/N |
|---|---|

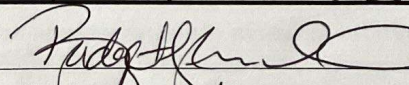
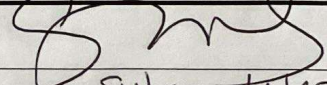
| | | | | | |
|--|-----|---|--|-----------|---|
| <input checked="" type="checkbox"/> 145. | (f) | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent | <input checked="" type="checkbox"/> 171. | (a)(1) | Written policies and procedures |
| <input checked="" type="checkbox"/> 146. | (g) | Designated Head teacher approved- 60% | <input checked="" type="checkbox"/> 172. | (b)(1)(A) | STAFF TRAINING |
| | | | | (b)(1)(B) | Staff training – first aid |
| | | | | (i)-(iii) | Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions |

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N

| | | | | | |
|-------------------------------|-----------|--|--|--------|--|
| <input type="checkbox"/> 147. | (b) | Approved Night Care Endorsement | <input checked="" type="checkbox"/> 173. | (b)(2) | Training updated at least every 3 years |
| <input type="checkbox"/> 148. | (b)(1) | Person in charge-head teacher | | (b)(3) | Written documentation of training |
| <input type="checkbox"/> 149. | (b)(2) | Written plan for program activities- meet individual needs, sleep patterns, quiet activities | | (c)(2) | Trained staff on site when child is present |
| <input type="checkbox"/> 150. | (b)(3) | Written plan for supervision including cot placement and evacuation | | (c)(3) | Self-administration - written authorization and under supervision of trained staff |
| <input type="checkbox"/> 151. | (b)(4) | Children in care no more than 12 hrs. in 24 | <input checked="" type="checkbox"/> 174. | (d)(1) | Equipment provided by parents |
| <input type="checkbox"/> 152. | (b)(5) | Staff awake and available | <input checked="" type="checkbox"/> 175. | (d)(2) | Equipment labeled and inaccessible |
| <input type="checkbox"/> 153. | | SLEEP PROVISIONS | <input checked="" type="checkbox"/> 176. | (d)(3) | Signed agreement with parent regarding equipment, supplies, materials to be discarded |
| | (b)(6) | Individual cot/crib with bedding | <input checked="" type="checkbox"/> 177. | (e)(1) | Authorized prescriber written order |
| | (b)(6)(A) | Sleeping apparel/toiletries labeled | <input checked="" type="checkbox"/> 178. | (e)(2) | Written authorization from parent |
| | (b)(6)(B) | Required bedding | <input checked="" type="checkbox"/> 179. | (e)(3) | Testing results and actions taken – documented and kept on file, ensure parents are notified daily |
| | (b)(6)(C) | Required toiletries | | | |
| | (b)(6)(D) | Bedding/sleeping apparel laundered weekly | | | |
| | (b)(7) | Sleep arrangements for infants | | | |
| <input type="checkbox"/> 154. | (b)(8) | Air temp 65 °F at 3 ft | | | |
| <input type="checkbox"/> 155. | (b)(9) | Fire marshal approval-hours specified | | | |
| <input type="checkbox"/> 156. | (b)(10) | Local health approval | | | |

| | |
|--|-----------------------------|
| ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N | ADDITIONAL VIOLATION |
|--|-----------------------------|

| | | | | | |
|--|-------------|---|--|-----|--|
| <input checked="" type="checkbox"/> 157. | (9a) | Written medication policies/procedures | <input checked="" type="checkbox"/> 180. | N/A | Consent Order/Negotiated Corrective Action Plan conditions (N/A) |
| <input checked="" type="checkbox"/> 158. | (9a) | Permit enrollment of children with asthma, allergies, diabetes | | | |
| <input checked="" type="checkbox"/> 159. | (a)(2) | NONPRESC. TOPICAL MEDICATION | | | DISCUSSIONS/COMMENTS Discussed new regulations and provided information on how to access sample policies/coordinating checklist to be used when updating policies/procedures/plans to comply with October 2024 regulations. Discussed 1 staff without documentation of orientation - observed annual policy review <i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i> |
| | (a)(3)(A-B) | Admin/Parent permission/report errors | | | |
| | (a)(3)(C) | Labeling and Storage | | | |
| <input checked="" type="checkbox"/> 160. | | Unused/expired meds destroyed/returned | | | |
| | (b)(1)(A/C) | MEDICATION TRAINING | | | |
| | (b)(1)(D) | Medication training-general-oral/top/inhalant | | | |
| | (b)(1)(E) | Injectable premeasured autoinjector medication | | | |
| | (b)(1)(F) | Rectal medication | | | |
| | (b)(2)(A-B) | Injectable other than premeasured auto-injector | | | |
| | (b)(2)(C) | Training approval documents/certificates | | | |
| | (b)(2)(D) | Training outline on file | | | |
| <input type="checkbox"/> 161. | (b)(3)(A-B) | Authorized prescriber/parent permission | | | |
| <input checked="" type="checkbox"/> 162. | (b)(3)(D) | Medication errors- documentation, parent(s) and OEC notification | | | |
| <input checked="" type="checkbox"/> 163. | (b)(4)(A-B) | Medication Administration Records (MAR) | | | |
| <input checked="" type="checkbox"/> 164. | (b)(5)(A-B) | Labeling and Storage | | | |
| <input checked="" type="checkbox"/> 165. | (b)(5)(C) | Emergency medication inaccessible | | | |
| <input checked="" type="checkbox"/> 166. | (b)(5)(D) | Unused/Expired meds-destroyed/returned | | | |
| <input checked="" type="checkbox"/> 167. | (b)(5)(E) | Auto-injector/inhalant equipment | | | |
| <input checked="" type="checkbox"/> 168. | (b)(6) | Self-administration documentation | | | |
| <input checked="" type="checkbox"/> 169. | (b)(7)(A-B) | Petition for special medication authorization | | | |
| <input checked="" type="checkbox"/> 170. | (d) | Potassium Iodide (KI) emergency distribution-permission and storage (N/A) | | | |

| | | | |
|---|---|--|--|
| Signature of OEC staff |  |  | Signature of person in charge |
| Printed Name | Budget L. Moore | Sylvia Perez | Printed Name |
| OEC DIVISION OF LICENSING 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: 4/16/2025 | CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf |

SUPPLEMENTAL REPORT OF INSPECTION

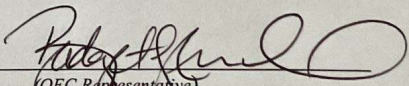
Name of Program/Provider: Centro San Jose Child Dev Center License # 15510 Date: 4/2/2025

Observations/Corrections needed:

- #35(i)(i)(a)(A-H): observed all consultant agreements missing wording/language as specified in October 2024 regulations
- #40(a)(2)(E): observed 1 individual care plan missing staff signatures
- #66(c)(2): observed stained ceiling tiles in Room D, and dusty vent in Room E/C bathroom and unsecured cubby units in Room D
- #86(c)(3): observed hot water temperature in Room D bathroom at 125°
- #88(c)(5): observed 2 rugs in Room C to be a slip hazard
- #95(e)(10): observed accessible trays in counter unit with sink in Room D E
- #101(b)(3)(A-B): observed 1 Albuterol without written authorization in Room D
- #100(b)(5)(D): observed 2 Albuterol and Epi-Pens to be expired in Room D
- #21(b): observed 1 staff without comprehensive background checks

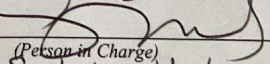
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

Signature: 
(OEC Representative)

Print Name: BRIDGET MERRIN

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 
(Person in Charge)

OEC BY: 4/16/2025

Print Name: Sylvia Velez