

**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:	Alliance for Community Empowerment Cesar Battaglia CCC	Date of Inspection:	4-4-25	Time of Arrival:	10:30am
Address:	927 Grand Ave	License Number:	15636	Expiration Date:	4-30-25
Town:	Bridgeport	Telephone Number:	303 336-2153	Summer Care:	Open
Operator:	Alliance for Community Empowerment Inc	# of Staff Present:	11	# over 3 Present:	40
Email:	bperry@alliance.ct.org	Total Capacity:	76	# under 3 Present:	4
Designated Director:	Tanya Lloyd	Total Under 3 capacity:	16	Ages Served:	6wks to 5yrs
		Hours/Days of Operation:	M-F 7:30am-5:30pm		

Instruction Codes:  = Regulation in Compliance     = Regulation not in Compliance    N/A = 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**

1. (c)(8) Local Health Inspection-Date: 10-1-24

**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.	<b>POLICIES-COMplete/IMPLEMENTED</b>
<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.	<b>ACCESS</b>
<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.	<b>POSTINGS</b>
<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

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

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

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

<b>PROGRAM NAME</b>	Alliance @ Cesar Bartalla	<b>LICENSE NUMBER</b>	15636	<b>DATE OF INSPECTION</b>	4-3-25
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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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<input checked="" type="checkbox"/> 36. <input checked="" type="checkbox"/> 37.  <input checked="" type="checkbox"/> 38. <input checked="" type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input checked="" type="checkbox"/> 41. <input checked="" type="checkbox"/> 42. <input checked="" type="checkbox"/> 43. <input checked="" type="checkbox"/> 44. <input checked="" type="checkbox"/> 45.	(a)(1)(A-C)  <input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)  (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	Children's Enrollment information <u>PARENT PERMISSIONS</u> Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 71. <input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76.  <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79.  <input checked="" type="checkbox"/> 81. <input checked="" type="checkbox"/> 82.	(d)(1) (d)(2) (d)(3) (d)(3) (d)(4) (d)(5)  (d)(6), (f)(3) (d)(7)  <input checked="" type="checkbox"/> (d)(8)  <input checked="" type="checkbox"/> (d)(8) (d)(9)  <input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) (d)(11)  <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) (e)(3) (e)(4)  <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) (e)(6)  <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)  <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9)  <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9)  (e)(10)  (e)(11)  (e)(12) (e)(13) (e)(14-15)  (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1)  (g)(2)  (g)(3)  (g)(4)	Emergency vehicle access Walkways maintained Windows protected to prevent falls Window screens Glass/mirrors protected- 36" Overhead doors-locking devices, spring protectors (N/A) Exits, stairs, hallways unobstructed Individual storage of clothing and bedding <u>SMOKING</u> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible Electrical safety – outlets inaccessible - covered or protected <u>TOILETING</u> Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94) (Grp Homes N/A) Staff personal articles inaccessible <u>AIR TEMPERATURE</u> Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60°F-120°F Portable space heaters prohibited <u>WALLS/CEILINGS/FLOORS/RUGS</u> Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected <u>TELEPHONE/TELEPHONE NUMBERS</u> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number <u>LIGHTING</u> All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Measures to prevent vermin Radon test- Results: 1.9 (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust Adequate equipment for rest-cleaned-cots (Grp Homes only-sleeping bags) Air conditioners/water heaters/fuse boxes inaccessible Developmentally app equipment, materials
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**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input checked="" type="checkbox"/> 48. <input checked="" type="checkbox"/> 49. <input checked="" type="checkbox"/> 50. <input checked="" type="checkbox"/> 51. <input checked="" type="checkbox"/> 52. <input checked="" type="checkbox"/> 53. <input checked="" type="checkbox"/> 54. <input checked="" type="checkbox"/> 55. <input checked="" type="checkbox"/> 56. <input checked="" type="checkbox"/> 57.  <input checked="" type="checkbox"/> 58. <input checked="" type="checkbox"/> 59.	(a)(1)  (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1)  (b)(2) <input checked="" type="checkbox"/> (c)  <input checked="" type="checkbox"/> (c)	Preparation, transportation of food-follow DPH Model Food Code (N/A) Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection <u>H-25</u> (N/A) Kitchen-clean/safe storage of food/supplies(N/A) Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84.  <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88.  <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91.  <input checked="" type="checkbox"/> 94.
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**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input checked="" type="checkbox"/> 64. <input checked="" type="checkbox"/> 65.  <input checked="" type="checkbox"/> 66. <input checked="" type="checkbox"/> 67. <input checked="" type="checkbox"/> 68. <input checked="" type="checkbox"/> 69.  <input checked="" type="checkbox"/> 70.	(a)(2) (b) (b)(1)-(5) (b)(6)  (c)(2) (c)(3) (c)(4)  <input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)  <input checked="" type="checkbox"/> (c)(6)(A)  <input checked="" type="checkbox"/> (c)(6)(B-D)	Fire marshal codes/certificate <u>72929</u> Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program Building/Equipment/Furnishings-sanitary, hazard free (N/A) Testing of premises/grounds for chemicals <u>WATER SUPPLY</u> – Public/Well (Schools-N/A) Lead Water Test – Date: <u>7-27-24</u> Bact./Chem Test-Date: <u>N/A</u> (N/A) Drinking water available/accessible <u>LEAD PAINT</u> - Building Pre-78: <u>0/N</u> Lead Test: <u>0/N</u> Results <u>None</u> Lead Management Plan _____  Peeling Paint – <u>Y/N</u> Inside/Outside	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96.  <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99.  <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104.  <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.
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<b>PROGRAM NAME</b>	Alliance @ Cesar Bartalice	<b>LICENSE NUMBER</b>	15636	<b>DATE OF INSPECTION</b>	4-3-25
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**PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		<b>OUTDOOR SPACE</b>
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		<b>OUTDOOR PROTECTED/FENCED</b>
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft
<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)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<b>WATER HAZARDS</b>
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(f)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

**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"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
<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 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

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

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<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"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<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.		<b>DIAPERING</b>
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

<input checked="" type="checkbox"/>	128.	(e)(2)	<b>DIAPERING cont.</b> Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
<input checked="" type="checkbox"/>		(e)(3)	
<input checked="" type="checkbox"/>		(e)(4)	
<input checked="" type="checkbox"/>		(e)(5)	
<input checked="" type="checkbox"/>		(e)(6-9)	
<input checked="" type="checkbox"/>		(e)(7)	
<input checked="" type="checkbox"/>		(e)(8)	
<input checked="" type="checkbox"/>		(e)(10)(A-C)	
<input checked="" type="checkbox"/>	129.	(f)(1)	
<input checked="" type="checkbox"/>		(f)(2)	
<input checked="" type="checkbox"/>		(f)(3)	
<input checked="" type="checkbox"/>		(f)(4)	
<input checked="" type="checkbox"/>	130.	(g)(1)	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed <b>TOYS AND OTHER OBJECTS</b> Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4 " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(2)	
<input checked="" type="checkbox"/>		(g)(3)	
<input checked="" type="checkbox"/>		(g)(4)	
<input checked="" type="checkbox"/>		(g)(5)	
<input checked="" type="checkbox"/>		(g)(6)	
<input checked="" type="checkbox"/>		(g)(7)	
<input checked="" type="checkbox"/>		(g)(8)	
<input checked="" type="checkbox"/>	131.	(h)(1)	
<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/>	136.	(j)	
<input checked="" type="checkbox"/>		(k)(1)	
<input checked="" type="checkbox"/>		(k)(2)	
<input checked="" type="checkbox"/>		(k)(3)	
<input checked="" type="checkbox"/>		(k)(4)	
<input checked="" type="checkbox"/>		(k)(5)	
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

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

<input checked="" type="checkbox"/>	140.	(b)	<b>Approved Schl Age Endorsement</b> <b>SCHEDULE - ACTIVITIES</b> 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
<input checked="" type="checkbox"/>	141.	(c)	
<input checked="" type="checkbox"/>		(c)(1)	
<input checked="" type="checkbox"/>		(c)(2)	
<input checked="" type="checkbox"/>		(c)(3)	
<input checked="" type="checkbox"/>	143.	(d)	
<input checked="" type="checkbox"/>	144.	(e)	

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

**PROGRAM NAME** Alliance @ Cesar Bartalla      **LICENSE NUMBER** 15636      **DATE OF INSPECTION** 4-3-25

**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 <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/> 146. (g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172. (b)(1)(A) (b)(1)(B) (i)-(iii)	

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

<input checked="" type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 173. (b)(2)	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
<input checked="" type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 173. (b)(3)	
<input checked="" type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 173. (c)(2)	
<input checked="" type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 173. (c)(3)	
<input checked="" type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 174. (d)(1)	
<input checked="" type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 174. (d)(2)	
<input checked="" type="checkbox"/> 153. (b)(6)	<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> 174. (d)(3)	
<input checked="" type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 177. (e)(1)	
<input checked="" type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 178. (e)(2)	
<input checked="" type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 179. (e)(3)	
<input checked="" type="checkbox"/> (b)(6)(C)	Required toiletries		
<input checked="" type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly		
<input checked="" type="checkbox"/> (b)(7)	Sleep arrangements for infants		
<input checked="" type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft		
<input checked="" type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input checked="" 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. -	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)	<b>NONPRESC. TOPICAL MEDICATION</b>	<b>DISCUSSIONS/COMMENTS</b>	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors		
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage		
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> (b)(1)(D)	<b>MEDICATION TRAINING</b>		
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Training outline on file		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation		
	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution—permission and storage (N/A)		

*NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.*

<b>Signature of OEC staff</b> Cathy Anderson	<b>Signature of person in charge</b> Veronica Agrinoni
<b>Printed Name</b> Cathy Anderson	<b>Printed Name</b> Veronica Agrinoni

OEC DIVISION OF LICENSING      Inspection shall be posted or available for review upon request.

450 Columbus Blvd, Suite 302, Hartford, CT 06103      Written Corrective Action Plan Due by: 4-18-25      CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Alliance for Community Empowerment @ Cesar Baltalla LLC License # 15636 Date: 4-3-25

Observations/Corrections needed:

Regulation not in compliance when:

- #38 - 2 out of 10 child health record have part 2 not complete
- #66 - radiator covers are detached and grate exposed throughout and they are dusty, 1 child toilet is not working, staff restroom has a vent that is dusty
- Halkoxy - metal locuers not secured
- #88(e)(5) - Wall throughout are unclean (dusty and food splatter) and room 2 Ceiling has a large area that is discolored yellow (and room # 3)
- #111(h)(3) - 03's Cement wall is cracking and peeling, protruding pipe, exposed utility box ← UB'S - rusty p.pe on wall, Cement wall is cracking
- (h)(4) - Screw ends protruding on gates and fence
- #161 - 2 forms are expired and 2 are missing child's address

Discussed:

- New regulations, program must ensure all regulations are in compliance
- Staff microwave has food splatter

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: Cathy Anderson  
(OEC Representative)

Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Veronica Agrinoni  
(Person in Charge)

OEC BY: 4-18-25

Print Name: Veronica Agrinoni