

**CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING**



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

Boys and Girls Club Boys and Girls Club Inspector Form	5/7/25	12:00
45 Wadsworth St	16531	4/30/26
Hartford CT 06106	860-524-6853	Open
Catholic Charities Inc Archdiocese of Hartford	# of Staff Present: 12	# over 3 Present: 18
otokeio@ccah.org	Total Capacity: 52	Total Under 3 capacity: 32
Diana Tokeio		# under 3 Present: 29
		Ages 6 WEEKS Served: 5 YEARS
		M-F 7:30am-5:30pm

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

<input type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 1/27/22	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a.	(b)(2)	Past employment history
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 27.	(d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 11.		<b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 12.	(d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 29.	(d)(6)	Mixed age group
<input checked="" type="checkbox"/> 13.	(d)(2)(B)(C)	Child Protection policy	<input checked="" type="checkbox"/> 30.	(d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> 14.	(d)(3)	Closing time policy	<input checked="" type="checkbox"/> 31.	(d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 15.	(d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> 32.	(d)(5)(A)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33.	(d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy	<input checked="" type="checkbox"/> 34.	(e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies	<input checked="" type="checkbox"/> 35.	(f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy		(f)(2)	Designated director-training
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies		(a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance-children/staff- keep 1 yr.		(h)(1)	First aid certified program staff
<input checked="" type="checkbox"/> 22.	(f)	<b>ACCESS</b>		(h)(2)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 23.	(h)	Immediate access by parents		(a)(2)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 24.	(i)	Immediate access by OEC-facility/records		(b)(1)	Health & Safety training
<input checked="" type="checkbox"/> 25.	(m)	2.8 yr olds in prek-authorization		(b)(2)	1% annual hours
<input checked="" type="checkbox"/> 26.	(n)	Motor vehicle laws-transportation		(4)(C)(ii-v)	<b>SWIMMING ACTIVITIES - YES</b>
<input checked="" type="checkbox"/> 27.	(o)	Capacity		(4)(C)(i)	Swimming-Ratios
<input checked="" type="checkbox"/> 28.	(o)	Respond to OEC-no false, misleading statements or documents		(e)(6)	Non-swimmers identified
<input checked="" type="checkbox"/> 29.		<b>POSTINGS</b>		(e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 30.	3a(e)(1)	License posted		(i)(1)(A)-(D)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 31.	3a(e)(2)	OEC Complaint Procedure posted		(i) -	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 32.	3a(d)(6)(C)	Administrative Oversight policy		(i)(2)(A-H)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 33.	3a(e)(3)	Menus posted		(F)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 34.	3a(e)(4)	No Smoking posted signs at entrances		(i)(2)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 35.	3a(e)(5)	OEC Inspection report posted or available		(H)(i)-(I)(i)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> 36.	3a(e)(6)	Dev. Milestones posted			
<input checked="" type="checkbox"/> 37.	7a(e)(17)	Radon Test posted (Schls-N/A)			
<input checked="" type="checkbox"/> 38.	10(g)(8)	Safe Sleep policy posted			

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

Renaiso Infantil

16531

5/7/25

RECORDS MANAGEMENT

<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"/>	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>	<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

HEALTH AND SAFETY

<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(N/A)
<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 (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.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (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"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 6/12/24
<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
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: 9/26/24
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		<b>LEAD PAINT</b> -
	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y(N) Lead Test: Y(N) Results
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan
	<input checked="" type="checkbox"/>	Peeling Paint - Y(N) Inside/Outside

PHYSICAL PLANT

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<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
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 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 and bedding
<input checked="" type="checkbox"/> 79.		<b>SMOKING</b>
	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<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)(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
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (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"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(3)	Water temperature 60°F-120°F
	(e)(4)	Portable space heaters prohibited
	<input checked="" type="checkbox"/> (e)(5)	<b>WALLS/CEILINGS/FLOORS/RUGS</b>
	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	(e)(6)	Rugs- not a tripping/slipping hazard
	<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
	<input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
	<input checked="" type="checkbox"/> (e)(8)	<b>LIGHTING</b>
	<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
	(e)(10)	Enough lighting for comfort
	<input checked="" type="checkbox"/> (e)(10)	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"/> (e)(12)	Stairs-protected/good repair-handrails
	<input checked="" type="checkbox"/> (e)(13)	Toxic plants/materials inaccessible
	<input checked="" type="checkbox"/> (e)(14-15)	Pets or other animals-in good health, written care plan including access to children
	<input checked="" type="checkbox"/> (e)(16)	Measures to prevent vermin
	<input checked="" type="checkbox"/> (e)(17)	Radon test- Results: <0.5 (Schls-N/A)
	<input checked="" type="checkbox"/> (e)(18)	Carbon monoxide detector-each level N/A
	<input checked="" type="checkbox"/> (f)(1)(A)	Program space-adequate-35 sq. ft. per child
	<input checked="" type="checkbox"/> (g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
	<input checked="" type="checkbox"/> (g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
	<input checked="" type="checkbox"/> (g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
	<input checked="" type="checkbox"/> (g)(4)	Developmentally app equipment, materials



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

<b>PROGRAM NAME</b>	PULVARD Infantil	<b>LICENSE NUMBER</b>	16531	<b>INSPECTION DATE</b>	5/7/25
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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <input checked="" type="checkbox"/>	<b>MONITORING OF DIABETES 19a-79-13</b> <input checked="" type="checkbox"/>
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<input type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%

<b>NIGHT CARE ENDORSEMENT 19a-79-12 (100% Com) <input checked="" type="checkbox"/></b>			
<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input type="checkbox"/>	153.		<b>SLEEP PROVISIONS</b>
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled
<input type="checkbox"/>		(b)(6)(B)	Required bedding
<input type="checkbox"/>		(b)(6)(C)	Required toiletries
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly
<input type="checkbox"/>		(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

<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 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"/>	172.		
		<input checked="" type="checkbox"/> (b)(1)(A)	
		<input checked="" type="checkbox"/> (b)(1)(B)	
		(i)-(iii)	
		<input checked="" type="checkbox"/> (b)(2)	
		<input checked="" type="checkbox"/> (b)(3)	
		<input checked="" type="checkbox"/> (c)(2)	
<input checked="" type="checkbox"/>	173.	(c)(3)	
		<input checked="" type="checkbox"/> (d)(1)	
<input checked="" type="checkbox"/>	174.	(d)(2)	
<input checked="" type="checkbox"/>	175.	(d)(3)	
<input checked="" type="checkbox"/>	176.		
<input checked="" type="checkbox"/>	177.	(e)(1)	
<input checked="" type="checkbox"/>	178.	(e)(2)	
<input checked="" type="checkbox"/>	179.	(e)(3)	

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> <input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.		<b>NONPRESC. TOPICAL MEDICATION</b>
		<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors
		<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage
		<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.		<b>MEDICATION TRAINING</b>
		<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant
		<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication
		<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication
		<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector
		<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates
		<input checked="" type="checkbox"/> (b)(2)(C)	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 <input checked="" type="checkbox"/> (N/A)


<b>ADDITIONAL VIOLATION</b>
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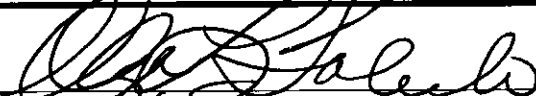
<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions <input checked="" type="checkbox"/> (N/A)
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**DISCUSSIONS/COMMENTS**

"Policy review checklist provided during inspection highlighting changes to the child care regulations effective October, 16, 2024. Program must ensure policies are updated to reflect new requirements"

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

<b>Signature of OEC staff</b>	
<b>Printed Name</b>	Johanne Delo

<b>Signature of person in charge</b>	
<b>Printed Name</b>	Olga Tatch

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a>	<b>Inspection shall be posted or available for review upon request.</b> <b>Written Corrective Action Plan Due by:</b> 5/21/25 <b>CAP:</b> <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: Porraso Infantil License # 16531 Date: 5/7/25

Observations/Corrections needed:

→ Regulation was not in compliance when...

#1(c)(8): Local Health <sup>inspection</sup> is not current

~~#18 10(a)(8): Safe sleep policy not posted in room 1 (PK 30)~~

#35 (1)(2)(A-H): Observed consultant agreements without required services (Education Health Social Service)

#35(F) Observed no documentation of annual review of policies by Education consultant

#38(a)(2)(A-B): Observed 1 incomplete child health records and 1 child health records not current (1/23/24)

~~#109 (a)(6): P (30)~~

#111 (a)(2): Program has synthetic material on the playground and no documentation on site.

#111 (a)(3): Observed PCV pipe protruding from ground.

~~#130 (a)(8): No documentation of parents informed of safe sleep policies. (PK 30)~~

#161 (a)(3)(A-B): Observed 1 child with abdominal and no prescriber's permission was observed


Discussion

→ 1 staff without statement of good health.

→ 1 individual care plan not signed by staff

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: 

Print Name: Johanna Toledo (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 

OEC BY: 5/21/25

Print Name: Olga Toledo (Person in Charge)