



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oe.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

| | | | | | | | | | | |
|---|---|-----------|------------------------------------|-----------|---------------------------|---------------------------------------|--------------------------------|--------------------------------------|---------------------|---------------------|
| Program Name | OUR LADY OF MOUNT CARMEL CHILD CARE CENTER | | | | License Number | DCCC.70539 | Date of Inspection | 12/14/2023 | | |
| | | | | | Expiration Date | 2/29/2024 | Time of Inspection | 12:55 PM | | |
| Address | 656 CONGRESS AVE WATERBURY CT 06708-4155 | | | | Telephone | (203) 755-8278 | Licensed Capacity | 32 | | |
| | | | | | Hours of Operation | M-F 6:45AM - 5:45PM | Infant/Toddler Capacity | 32 | | |
| Is this a Change of Address? | Yes? | | No? | X | | | Summer Care | Open | | |
| New Address | | | | | Minimum Age Served | 6 weeks | Maximum Age Served | 3 years | Water Supply | Public Water |
| | | | | | Program's Email | fran.corona@mtcarmelschool.net | | | | |
| Operator | CHURCH OF OUR LADY OF MOUNT CARMEL, INC | | | | Name of Inspector | Kristi Morgan | | | | |
| Director | FRANCESCA CORONA | | | | Inspector's Email | kristi.morgan@ct.gov | | | | |
| Key: Compliant = X Non-Compliant = O | # of Infants - Toddlers Present | 17 | # of Total Children Present | 17 | # of Staff Present | 8 | Type of Inspection | UNANNOUNCED INSPECTION - FULL | | |

LICENSURE PROCEDURES 19a-79-2a

| | | |
|----------|---|--|
| X | 1. Local Health Inspection | |
| | Date: 03/22/2022 | |
| X | 1a. False or Misleading Statements | |

ADMINISTRATION 19a-79-3a

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

| | | |
|----------------------------------|---|---|
| X | 5. Notification of Change | |
| X | 6. Program policies | Including discipline, supervision, child protection, general operating, personnel, closing time |
| X | 7. Daily Attendance Records- staff and children | |
| ITEMS POSTED – ACCESSIBLE | | |
| X | 8. License | |
| X | 9. Fire Marshal certificate | |
| | Date | 01/09/2023 |
| X | 10. OEC Complaint procedure | |
| X | 11. Food Service Certificate | N/A? |
| | Date | 12/31/2023 |
| X | 12. Menus | |
| X | 13. Emergency plans | |
| X | 14. No Smoking Signs | |
| X | 15. Radon Test | N/A? |
| | Date | Results |
| | | .5 |
| X | 15a. Developmental Milestones | |
| X | 15b. Access | |
| X | 15bb. Endorsements | |
| STAFFING 19a-79-4a | | |
| X | 15c. Staffing | |
| X | 16. Staff Health records – TB tests | |
| O | 17. Professional development | Failed to document professional development for 3 staff. |
| X | 18. Disciplinary actions | |
| X | 18b. Background checks | |

| <input checked="" type="checkbox"/> | 19. Designated Head Teacher | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-----------|-------------------------------------|----------------|--------|----------------|--|--|-----------------------|--|-------------------------------------|-----------|--|--|--|--|------|--|--|--|--|
| <input checked="" type="checkbox"/> | 20. Two Staff present | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 20a. Staff Qualities | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 21. Ratio: 1 staff to 10 children | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 21b. Supervision | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 22. Group Size – maximum 20 children | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 23. Designated director - Training | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 24. CPR Certified Staff (Group Home N/A) | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 25. First Aid Trained Staff | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | 26. Consultants- Agreements and Contracts | Failed to maintain current consultant agreements for the social service consultant, last signed 9/7/2022. | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 27. Logs – Visits documented | | | | | | | | | | | | | | | | | | | | | |
| | Not in Compliance? | <table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician N/A?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="radio"/></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contracts</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Logs</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Education | Health | Social Service | Dental | Dietician N/A? | | | <input type="radio"/> | | <input checked="" type="checkbox"/> | Contracts | | | | | Logs | | | | |
| Education | Health | Social Service | Dental | Dietician N/A? | | | | | | | | | | | | | | | | | | |
| | | <input type="radio"/> | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| Contracts | | | | | | | | | | | | | | | | | | | | | | |
| Logs | | | | | | | | | | | | | | | | | | | | | | |
| Do they take children swimming? | | SWIMMING | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 28. Non-swimmers identified | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 29. Staff/Child Ratios | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 30. CPR certified staff (20 years of age) | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 31. Lifeguard certified - supervision | | | | | | | | | | | | | | | | | | | | | |
| RECORD KEEPING 19a-79-5a | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 32. Enrollment information | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 33. Emergency medical permission | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 34. Authorized release permission | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 35. Field trip permission | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 36. Transportation permission | | | | | | | | | | | | | | | | | | | | | |

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|------------------------------------|--|--|----------|
| X | 37. Child health records and immunizations | | |
| O | 38. Individual care plan (signed by parents and staff) | Failed to maintain individual care plans for 1 child with a soy allergy. | |
| X | 39. Injury, Illness, Accident reports | | |
| HEALTH AND SAFETY 19a-79-6a | | | |
| X | 40. Nutritious snacks and meals (required food groups) | | |
| X | 41. Proper refrigeration (max 45°) | | |
| X | 42. Kitchen separated | N/A? | |
| X | 43. Hand washing – before eating or food handling | | |
| X | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory | | |
| PHYSICAL PLANT 19a-79-7a | | | |
| X | 45. License premises – clean, good repair, hazard free | | |
| X | 47b. Plans for new construction, expansion, renovation or conversion | | |
| X | 48. Sanitary drinking fountains – disposable cups | | |
| X | 49. Lead Water Test (N/A?) 02/24/2022 | Bacterial/Chemical Test (N/A?) | X |
| X | 50. Walkways maintained | | |
| X | 51. Designated staff toilet/sink | | |
| X | 52. All openings for ventilation screened | | |
| X | 53. Windows protected to prevent falls | | |
| X | 54. Glass protected up to 36" | | |
| X | 55. Overhead doors – locking devices, spring protectors | | |
| X | 56. Exits, Hallways and Stairs unobstructed | | |

| | | |
|----------|---|--|
| X | 57. Individual storage of clothing and bedding | |
| X | 58. Smoking prohibited | |
| X | 59. Matches and lighters inaccessible | |
| X | 60. Electrical safety – outlets/cords | |
| X | 61. Toileting needs met | |
| X | 62. Required toilets, sinks, supplies | |
| X | 63. Potty chairs – nonporous, emptied, disinfected | |
| X | 64. Hand washing after toileting – staff and children | |
| X | 65. Ventilation in toilet rooms | |
| X | 66. Air temperature 65 degrees, thermometer affixed | |
| O | 67. Water temperature 60° – 115° | Failed to ensure that water temperature is between 60-115 degrees. Observed 2 year old room sink measuring at greater than 135 degrees and Nina's 1 room sink measuring at greater than 132 degrees. |
| X | 68. Portable space heaters | |
| X | 69. Walls, ceilings, floors and rugs – clean, good repair | |
| X | 70. Rugs secure | |
| X | 71. Hot water, steam pipes protected | |
| X | 72. Working phone on each level | |
| X | 73. Emergency numbers posted | |
| X | 74. Adequate lighting - 50/30 candle feet | |
| X | 75. Light fixtures shielded, shatter proof | |
| X | 76. Potentially hazardous substances locked | |
| X | 77. Garbage, rubbish disposed daily | |

| | | |
|--|---|---|
| X | 78. Stairs protected, good repair, handrails | |
| X | 79. Pets – maintained, care plan | Y/N N |
| X | 80. Operable CO detector on each level | N/A? Y |
| X | 81. Program space-adequate square footage per child | |
| X | 82. Equipment clean, good repair, safe, non-toxic | |
| X | 83. Cots stored, maintained, adequate number | |
| X | 84. Developmentally appropriate equipment | |
| X | 85. Hot tubs, spas, saunas – locked and inaccessible | Y/N N |
| X | 86. No weapons, no facsimile of a firearm on premises | |
| OUTDOOR SPACE | | |
| X | 87. Outdoor space - adequate square footage per child | |
| O | 88. Impact absorbing material under equipment | Failed to ensure a minimum of 8 inches of impact absorbing materials under climbers and slides. |
| X | 89. Playground free from hazards | |
| X | 92. Equipment anchored, safely arranged | |
| X | 93. Outdoor play area protected, fenced | |
| X | 94. Drinking water available, accessible | |
| EDUCATIONAL REQUIREMENTS 19a-79-8a | | |
| X | 95. Written plan for daily program available to parents/staff | |
| X | 96. Schedule – Activity choices and Program | Activity choices: developmentally appropriate, flexible, meets individual needs Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up |
| ADMINISTRATION OF MEDICATIONS 19a-79-9a | | |
| X | 97. Written policies, procedures | |
| X | 98. Training outline on file | |

| NONPRESCRIPTION TOPICAL MEDICATIONS | | | | | | |
|-------------------------------------|--|---|------------|--|--|--|
| X | 99. Administration, parent permission, MAR | | | | | |
| X | 100. Labeling, storage | | | | | |
| ORAL/TOPICAL/INHALENT MEDICATIONS | | | | | | |
| X | 101. Med trained staff, certificates | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">O/T/I</td> <td style="padding: 2px;">Injectable</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> | O/T/I | Injectable | | | |
| O/T/I | Injectable | | | | | |
| | | | | | | |
| X | 102. Authorized prescriber, parent permission, MAR | | | | | |
| X | 103. Labeling, storage | | | | | |
| X | 104. Unused, expired meds returned/disposed | | | | | |
| SELF-ADMINISTRATION | | | | | | |
| X | 105. Authorized prescriber, parent permission, MAR | | | | | |
| X | 106. Labeling, storage | | | | | |
| X | 107. Approved petition for special medication authorization | | | | | |
| Yes | Is there an approved endorsement? | INFANT/TODDLER ENDORSEMENT 19a-79-10 | | | | |
| X | 109. Approved endorsement | | | | | |
| X | 110. Ratio: 1 staff to 4 children | | | | | |
| X | 111. Group size: no larger than 8 | | | | | |
| X | 112. Physical barriers, groups of 8 (indoors and outdoors) | | | | | |
| X | 113. Adequate sinks in program space | | | | | |
| X | 114. Free standing, well-constructed, safe cribs | | | | | |
| X | 115. Washable cots | | | | | |
| X | 116. Chairs for feeding, stable, safety straps, locking tray | | | | | |
| X | 117. Developmentally appropriate tables, chairs, equipment | | | | | |
| X | 118. Refrigerators and food prep facilities | | | | | |

| | | | | | | |
|----------|---|--|-----|----|--|----------|
| X | 119. Diaper area- sturdy, safety rail, nonporous, exclusive use | | | | | |
| X | 120. Diaper area- washed, disinfected | | | | | |
| X | 121. Diaper area- disposable paper sheets | | | | | |
| X | 122. Covered waste receptacle | | | | | |
| X | 123. Diaper changing policy posted, followed | | | | | |
| X | 124. Hand washing policy posted, followed | | | | | |
| X | 125. Individual storage of personal items | | | | | |
| X | 126. Cribs/cots washed and disinfected | | | | | |
| X | 127. Under 12 months- placed on back for sleeping | | | | | |
| X | 128. Alternate sleep position- equipment, medical documentation | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>X</td> </tr> </table> | Yes | No | | X |
| Yes | No | | | | | |
| | X | | | | | |
| X | 129. Crib, bed used for infant sleeping | | | | | |
| X | 130. Crib, bed free from observable hazards | | | | | |
| X | 131. Infant toys separate, washed, disinfected daily | | | | | |
| X | 132. No toys, objects less than 1/1/4" diameter | | | | | |
| X | 133. Plastic bags, balloons, Styrofoam objects inaccessible | | | | | |
| X | 134. Health consultant, doc. of visits | | | | | |
| X | 135. Infants held for bottles, indiv. attention, tummy time | | | | | |
| X | 136. Written statement, feeding schedule from parent | | | | | |
| O | 137. Unused portions of liquids discarded | Failed to ensure that unused portions of liquids are discarded after each feeding. Staff reported that bottles with unused formula are sent home instead of being disposed of. | | | | |
| X | 138. Clean Bottles, disp. bottles, approved bottle washing | | | | | |
| X | 139. Food served from dish or whole jar served | | | | | |
| X | 140. Bottles individually identified with child's name | | | | | |

OUTDOOR PLAY SPACE - UNDER THREE

| | | |
|-----------|--|--|
| X | 141. Play space fenced | |
| X | 142. Outdoor equipment developmentally appropriate | |
| No | Is there an approved endorsement? | SCHOOL AGE ENDORSEMENT 19a-79-11 |
| | 143. Approved endorsement | |
| | 144. Activity choices appropriate | |
| | 145. Ratio – 1 staff to 10 children | |
| | 146. Group size – maximum 20 children | |
| | 147. Education Consultant appropriate | |
| No | Is there an approved endorsement? | NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) |
| | 148. Approved endorsement | |
| | 149. Written program plan, supervision | |
| | 150. Staff awake and available | |
| | 151. Cot, crib, bedding, toiletries, sleep apparel | |
| | 152. Individual storage of personal items | |
| | 153. Bedding, sleeping apparel laundered weekly | |
| N | Child with diabetes enrolled? | MONITORING OF DIABETES 19a-79-13 |
| X | 154. Written policies and procedures | |
| X | 155. On site staff trained in first aid, glucose testing | |
| X | 156. Training current and documented | |
| X | 157. Supervision of self-administration | |
| X | 158. Equipment, supplies labeled and inaccessible | |

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

ADDITIONAL VIOLATIONS

| | | | |
|----------|---|------|--|
| X | 62. Consent Order - Negotiated Corrective Action Plan | N/A? | |
|----------|---|------|--|




| | |
|--------------------------|---|
| YES or NO? Yes | WERE VIOLATIONS CITED DURING THIS VISIT? |
|--------------------------|---|

DISCUSSIONS:

1. First aid kits need second triangular bandage and cold packs.
2. Observed dusty wall/door vent in the 2's

COMMENTS:

NOTE: Items left blank on this form were not monitored during this visit.
 Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

| | | | |
|---|--|--------------------------------|--|
|  (Signature of OEC Representative) |  (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: |  (Signature of Person in Charge) |
| Kristi Morgan (Printed Name) | (Printed Name) | 12/28/2023 | Francesca Corona (Printed Name) |