



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:	Our Lady of Mercy School of Madison	Date of Inspection:	12/10/24	Time of Arrival:	11:45am
Address:	20 Island Ave	License Number:	70716	Expiration Date:	7/31/27
Town:	Madison 06443	Telephone Number:	203-688-5100	Summer Care:	closed
Operator:	olm prep real estate holdings, LLC	# of Staff Present:	6	# over 3 Present:	24
Email:	sbaker@olmprep.com	Total Capacity:	106	Total Under 3 capacity:	0
Designated Director:	Shannon Baker	Hours/Days of Operation:	B/A 7:55am - 7:55am / 2:50 - 7:55am - 2:50 PkK / 5:30		

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

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

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

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 8/24/24	<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"/> 22. (b)(4)	Evidence of compliance
	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
	<input checked="" type="checkbox"/> 24. (d)(1)	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. (d)(4)(A)	RATIOS
	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group-ratios
	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors
	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE
	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size-Indoors/Outdoors
	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size-school age field trips/outdoors
	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group-group size
	<input checked="" type="checkbox"/> 36. (f)(2)	Designated director-training
	<input type="checkbox"/> (a)(2)	CPR certified program staff
	<input checked="" type="checkbox"/> (h)(1)(2)	First aid certified program staff
	<input type="checkbox"/> (h)(1)(2)	PROFESSIONAL DEVELOPMENT
	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Documentation
	<input checked="" type="checkbox"/> (4)(C)(i)	Health & Safety training
	<input checked="" type="checkbox"/> (e)(6)	1% annual hours
	<input checked="" type="checkbox"/> (e)(6)	SWIMMING ACTIVITIES - Y/N
	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Swimming-Ratios
	<input checked="" type="checkbox"/> (i)	Non-swimmers identified
	<input checked="" type="checkbox"/> (i)(2)(A-H)	CPR certified staff-age 20 or older
	<input checked="" type="checkbox"/> (F)	Lifeguard-certified-supervising
	<input checked="" type="checkbox"/> (i)(2)	CONSULTANTS
	(H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (N/A)
		Consultant agreements-signed annually
		Agreements complete w/required services
		Consultant logs-documented activities, observations and required services
		Consultant visits- Education/Health
		Contracts Logs Visits
		Education ✓ ✓ ✓
		Health ✓ ✓ ✓
		Soc. Serv. ✓ ✓ ✓
		Dietitian - - -

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

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Our Lady of Mercy School of Madison		70716	12/10/24
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<p>36. (a)(1)(A-C) Children's Enrollment information</p> <p>37. (a)(1)(D)(i) Emergency medical permission</p> <p>(a)(1)(D)(ii) Authorized release permission</p> <p>(a)(1)(D)(iii) Field trip permission</p> <p>(a)(1)(D)(iv) Transportation permission</p> <p>38. (a)(2)(A-B) Child Health Records</p> <p>39. (a)(2)(C) Immunization records</p> <p>40. (a)(2)(E) Individual care plan-signed by parents/staff</p> <p>41. (a)(3)(A) Injury, Illness, Incident, Accident reports</p> <p>42. (a)(3)(B) Parent notification of illness or injury</p> <p>43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality</p> <p>44. (a)(3)(D) Notify DPH, local health-reportable diseases</p> <p>45. (a)(4) Video recordings- keep 30 days</p>	<p>72. (d)(2) Walkways maintained</p> <p>73. (d)(3) Windows protected to prevent falls</p> <p>74. (d)(3) Window screens (Schl age only- N/A)</p> <p>75. (d)(4) Glass and mirrors protected to 36"</p> <p>76. (d)(5) Overhead doors-locking devices, spring protectors N/A</p> <p>77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed</p> <p>78. (d)(7) Individual storage of clothing/bedding</p> <p>79. (d)(8) Smoking or vaping prohibited on premises/grounds</p> <p>80. (d)(8) Matches/lighters inaccessible</p> <p>81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)</p> <p>82. (d)(10)(A) TOILETING</p> <p>(d)(10)(B) Shared toilets/sinks-supervision plan</p> <p>(d)(10)(C) Toileting needs met</p> <p>(d)(10)(C) Potty chairs-nonporous, emptied, disinfected</p> <p>(d)(10)(D) Required toilets/sinks-1:16</p> <p>(d)(10)(D) Required toilets/sinks-1:25 schl age only</p> <p>(d)(10)(E) Toileting Supplies-Hand drying-Garbage</p> <p>(d)(10)(E) Handwashing staff/children</p> <p>(d)(10)(F) Toilets/sinks located-at the facility or licensed premises</p> <p>(d)(10)(G) Well lighted/ventilated toilet rooms</p> <p>(d)(10)(H) Mechanical ventilation (Grp Homes N/A)</p> <p>(d)(11) Staff personal articles inaccessible</p> <p>(e)(1) AIR TEMPERATURE</p> <p>(e)(1) Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)</p> <p>(e)(2) Air temp <65°F comfortable (Schl age only-N/A)</p> <p>(e)(3) Air temp > 80 °F - ↑ fluids/ventilation</p> <p>(e)(4) Water temperature 60 °F – 120 °F</p> <p>(e)(5) Portable space heaters prohibited</p> <p>(e)(5) Walls/ceilings/floors/rugs-clean/good repair</p> <p>(e)(6) Rugs- not tripping/slipping hazard</p> <p>(e)(7) Hot water/Steam pipes protected</p> <p>(e)(7) Working phone on each level</p> <p>(e)(7) Emergency numbers posted-adjacent to phones</p> <p>(e)(7) Parents provided direct on site phone number</p> <p>(e)(8) LIGHTING</p> <p>(e)(9) All areas min. 1 foot candle of lighting</p> <p>(e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible</p> <p>(e)(9) Schl age only-lighting for comfort</p> <p>(e)(9) Light fixtures shielded/shatter proof</p> <p>(e)(10) Potentially hazardous substances, materials – labeled, inaccessible</p> <p>(e)(11) Garbage/rubbish-disposed of daily, containers in good repair</p> <p>(e)(12) Stairs-protected/good repair-handrails</p> <p>(e)(13) Toxic plants/materials inaccessible</p> <p>(e)(14-15) Pets or other animals-in good health, written care plan including access to children</p> <p>(e)(16) Prevention of vermin-openings screened</p> <p>(e)(17) Radon test- Results: 2/17/23 N/A</p> <p>(e)(17) Results posted-Date: .8 (Schls-N/A)</p> <p>(e)(18) Carbon monoxide detector-each level N/A</p> <p>(f)(1)(A) Program space-adequate-35 sq. ft. per child</p> <p>(g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust</p> <p>(g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)</p> <p>(g)(3) Air conditioners, water heaters, fuse boxes inaccessible</p> <p>(g)(4) Developmentally app equipment, materials</p>		
HEALTH and SAFETY 19a-79-6a			
<p>46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A</p> <p>47. (a)(2) Nutritious meals and snacks</p> <p>48. (a)(3) Proper refrigeration-41 degrees</p> <p>49. (a)(4) Menus-1 wk in advance- keep 3 mths</p> <p>50. (a)(5) Food Service Inspection NA N/A</p> <p>51. (a)(6) Kitchen-clean, safe storage of food/supplies</p> <p>52. (a)(7) Separate hand washing facilities</p> <p>53. (a)(8) Multi-use eating/drinking utensils</p> <p>54. (a)(9) Kitchen separated (Schl age only N/A)</p> <p>55. (a)(10) Children supervised during meal prep</p> <p>56. (a)(11) Handwashing-staff/children</p> <p>57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms</p> <p>58. (b)(2) Designated isolation area</p> <p>59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips</p> <p>60. (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</p> <p>61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags</p>	<p>83. (d)(11)</p> <p>84. (e)(1)</p> <p>85. (e)(1)</p> <p>86. (e)(3)</p> <p>87. (e)(4)</p> <p>88. (e)(5)</p> <p>89. (e)(5)</p> <p>90. (e)(6)</p> <p>91. (e)(7)</p> <p>92. (e)(7)</p> <p>93. (e)(7)</p> <p>94. (e)(7)</p>		
PHYSICAL PLANT 19a-79-7a			
<p>62. (a)(2) Fire marshal codes/certificate 8/26/24</p> <p>63. (b) Indoor/Outdoor space inspected/approved</p> <p>64. (b)(1)-(5) Construction/expansion/renovation/conversion</p> <p>65. (b)(6) Space not inspected/approved but used for field trips-written parent permission</p> <p>66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established</p> <p>67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)</p> <p>68. (c)(4) Testing of premises/grounds for chemicals</p> <p>69. (c)(5)(A) WATER SUPPLY – Public/Well (Schools-N/A)</p> <p>(c)(5)(B) Lead Water Test – Date: 8/16/24</p> <p>(c)(5)(C) Bact./Chem Test-Date: NA N/A</p> <p>70. (c)(6)(A) Drinking water available/accessible</p> <p>(c)(6)(A) LEAD PAINT - Peeling Paint – Y/N Inside/Outside Building Pre-78 Y/N Lead Test Y/N Results approved Plan</p> <p>(c)(6)(B-D) Lead Management Plan annual monitoring due by 8/25</p> <p>71. (d)(1) Emergency vehicle access</p>	<p>95. (e)(10)</p> <p>96. (e)(11)</p> <p>97. (e)(12)</p> <p>98. (e)(13)</p> <p>99. (e)(14-15)</p> <p>100. (e)(16)</p> <p>101. (e)(17)</p> <p>102. (e)(18)</p> <p>103. (f)(1)(A)</p> <p>104. (g)(1)</p> <p>105. (g)(2)</p> <p>106. (g)(3)</p> <p>107. (g)(4)</p>		

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

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Our Lady of Mercy School of Madison		70716	12/10/24
PHYSICAL PLANT 19a-79-7a cont.		UNDER THREE ENDORSEMENT 19a-79-10 cont.	
<p>108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls</p> <p>109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around</p> <p>110. (j) No weapons/no facsimile of a firearm</p> <p>111. <u>OUTDOOR SPACE</u></p> <p>(h)(1) Adequate space- 75 sq. ft. per child</p> <p>(h)(2) Shock absorbing surfaces-minimum 8"</p> <p>(h)(3) Playground free from hazards</p> <p>(h)(4) Nuts, bolts, screws-tight, covered/protected</p> <p>(h)(5) Outside equipment anchored-anchors buried</p> <p>(h)(6) New equip- cert play. Inspection upon request</p> <p>(h)(8) Drinking water available/accessible</p> <p>(h)(9) Equipment arranged for safety-equip/fences/structures not hazardous</p> <p>112. <u>OUTDOOR PROTECTED/FENCING</u></p> <p>(h)(7) Playground protected from traffic, water, gullies or other hazards</p> <p>113. (h)(7)(A) Fences installed to protect from hazards-4 ft</p> <p>(h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks</p> <p>(h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A</p> <p>114. <u>WATER HAZARDS</u></p> <p>(i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A</p> <p>(i) Wading pools prohibited</p> <p>(i) Hot tubs/spas/saunas-locked/inaccessible N/A</p>	<p>129. <input type="checkbox"/></p> <p>130. <input type="checkbox"/></p> <p>NA</p> <p>131. <input type="checkbox"/></p> <p>132. <input type="checkbox"/></p> <p>133. <input type="checkbox"/></p> <p>134. <input type="checkbox"/></p> <p>135. <input type="checkbox"/></p> <p>136. <input type="checkbox"/></p> <p>137. <input type="checkbox"/></p> <p>138. <input type="checkbox"/></p> <p>139. <input type="checkbox"/></p>	<p><u>LINENS/CLOTHING</u></p> <p>Linens/emergency clothing available</p> <p>Linens washed weekly or as needed</p> <p>Linens/clothing stored individually</p> <p>Cribs/cots cleaned-linens changed when shared</p> <p><u>SAFE SLEEP</u></p> <p>Under 12 mths placed on back for sleeping</p> <p>Crib-slug fitting mattress/tightly fitted sheet</p> <p>Alternate sleep position/equipment-medical documentation for medical reason on file</p> <p>Infants allowed to adopt other sleep positions</p> <p>No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles</p> <p>No unapproved sleeping-car seats/swings/beds, etc.</p> <p>No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes</p> <p>Observe/assess infants at least every 15 minutes</p> <p>Teething necklaces/bracelets, jewelry inaccessible</p> <p>Safe sleep policies posted/parents informed</p> <p>Infant toys-separate/washed/sanitized daily</p> <p>Toddler toys-washed/sanitized weekly</p> <p>No toys/objects less than 1 1/4 " diameter</p> <p>Plastic bags/balloons/styrofoam inaccessible unless under direct supervision</p> <p>Health consultant visits/documentation</p> <p><u>FEEDING</u></p> <p>Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle</p> <p>Written feeding schedule from parent-updated</p> <p>Unused formula/milk discarded after feedings</p> <p>Clean bottles/disposable bottles/appvd washing</p> <p>Baby food served from dish or whole jar</p> <p>Bottles labeled with child's name</p> <p>Outdoor spaced fenced-4 ft lic. after 1/1/25</p> <p>Outdoor equipment-developmentally appropriate for ages of the children</p> <p>Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety</p>	
EDUCATIONAL REQUIREMENTS 19a-79-8a			
<p>115. (a) Written daily/weekly educational plan-developmentally appropriate</p> <p>116. (a) <u>EDUCATIONAL REQUIREMENTS</u></p> <p>(1)-(11) Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity</p> <p>(b) Limited access to screen time/video games</p>	<p>137. <input type="checkbox"/></p> <p>138. <input type="checkbox"/></p> <p>139. <input type="checkbox"/></p>		
UNDER THREE ENDORSEMENT 19a-79-10 Y/N		SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N	
<p>117. (b) Approved Under 3 Endorsement</p> <p>118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)</p> <p>119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)</p> <p>120. (c)(4) Physical barriers- indoors/outdoors</p> <p>121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep</p> <p>122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)</p> <p>123. (d)(2)(B) Washable cots</p> <p>124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray</p> <p>125. (d)(2)(D) Dev. appropriate tables/chairs/equipment</p> <p>126. (d)(2)(E) Refrigerator and food prep facilities</p> <p>127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free</p> <p>128. <u>DIAPERING</u></p> <p>(e)(1) Diaper area: elevated/sturdy/safety rail</p> <p>(e)(2) Diaper area: used only for this purpose, located in the program area</p> <p>(e)(3) Diaper area: non-porous surface/good repair</p> <p>(e)(4) Diaper area: washed/disinfected after use</p> <p>(e)(5) Diaper area: disposable paper sheets</p> <p>(e)(6)(9) Covered waste receptacle-removed daily</p> <p>(e)(7) Handwashing-staff/children</p> <p>(e)(8) Diapering-Handwashing policies-posted/followed</p> <p>(e)(10)(A-C) Cloth diapers-written plan developed</p>	<p>140. <input checked="" type="checkbox"/></p> <p>141. <input checked="" type="checkbox"/></p> <p>142. <input checked="" type="checkbox"/></p> <p>143. <input checked="" type="checkbox"/></p> <p>144. <input checked="" type="checkbox"/></p> <p>145. <input checked="" type="checkbox"/></p> <p>146. <input checked="" type="checkbox"/></p>	<p>(b) Approved Schl Age Endorsement</p> <p><u>SCHEDULE - ACTIVITIES</u></p> <p>Written daily program plan-flexible schedule-available to staff/parents</p> <p>Activities not a duplication of child's day</p> <p>Activities include cognitive, physical, social, emotional needs of the children</p> <p>Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events</p> <p>Ratio- 1:15</p> <p>Group size- max. 30</p> <p>4 yr. olds enrolled in schl age-written authorization/permission from director/parent</p> <p>Head teacher approved- 60%</p>	

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

PROGRAM NAME Our Lady of Mercy of Madison **LICENSE NUMBER** 70716 **DATE OF INSPECTION** 12/10/24

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N Y **MONITORING OF DIABETES 19a-79-13 Y/N** Y

- 147. (b) Approved Night Care Endorsement
- 148. (b)(1) Person in charge-head teacher
- 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
- 150. (b)(3) Written plan for supervision including cot placement and evacuation
- 151. (b)(4) Children in care no more than 12 hrs. in 24
- 152. (b)(5) Staff awake and available
- 153. SLEEP PROVISIONS
 - (b)(6) Individual cot/crib with bedding
 - (b)(6)(A) Sleeping apparel/toiletries labeled
 - (b)(6)(B) Required bedding
 - (b)(6)(C) Required toiletries
 - (b)(6)(D) Bedding/sleeping apparel laundered weekly
 - (b)(7) Sleep arrangements for infants
- 154. (b)(8) Air temp 65 °F at 3 ft
- 155. (b)(9) Fire marshal approval-hours specified
- 156. (b)(10) Local health approval

- 171. (a)(1) Written policies and procedures
- 172. STAFF TRAINING
 - (b)(1)(A) Staff training – first aid
 - (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
 - (b)(2) Training updated at least every 3 years
 - (b)(3) Written documentation of training
 - (c)(2) Trained staff on site when child is present
 - (c)(3) Self-administration - written authorization and under supervision of trained staff
- 173. (d)(1) Equipment provided by parents
- 174. (d)(2) Equipment labeled and inaccessible
- 175. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 176. (e)(1) Authorized prescriber written order
- 177. (e)(2) Written authorization from parent
- 178. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
- 179.

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. NONPRESC. TOPICAL MEDICATION
 - (a)(2) Admin/Parent permission/report errors
 - (a)(3)(A-B) Labeling and Storage
 - (a)(3)(C) Unused/expired meds destroyed/returned
- 160. MEDICATION TRAINING
 - (b)(1)(A/C) Medication training-general-oral/top/inhalant
 - (b)(1)(D) Injectable premeasured autoinjector medication
 - (b)(1)(E) Rectal medication
 - (b)(1)(F) Injectable other than premeasured auto-injector
 - (b)(2)(A-B) Training approval documents/certificates
 - (b)(2)(C) Training outline on file
- 161. (b)(3)(A-B) Authorized prescriber/parent permission
- 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 163. (b)(4)(A-B) Medication Administration Records (MAR)
- 164. (b)(5)(A-B) Labeling and Storage
- 165. (b)(5)(C) Emergency medication inaccessible
- 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 167. (b)(5)(E) Auto-injector/inhalant equipment
- 168. (b)(6) Self-administration documentation
- 169. (b)(7)(A-B) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution–permission and storage N/A

ADDITIONAL VIOLATION

180. - Consent Order/Negotiated Corrective Action Plan conditions N/A

DISCUSSIONS - COMMENTS

Policy Review checklist provided updates needed by 1/1/25
approved lead management Plan monitoring documentation
new requirements for ed consultant + health consultant by 1/1/25
new health + safety training for staff by 4/1/25
Discussed new regs / Q+A
Lead WTR test new regs / # of sinks
leaves bunched up along fence making fence less than 4ft
no visible hazards observed at this time.

SIGNATURE OF OEC STAFF Fil Montanye
PRINTED NAME Fil Montanye

SIGNATURE OF PERSON IN CHARGE Shannon Baker
PRINTED NAME Shannon Baker

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: 12/24/24
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Our Lady of Mercy School of Madison License # 70716 Date: 12/10/24

Observations/Corrections needed:

Program not in compliance with:

- #4 - employee orientation for program staff for 1 substitute
- #5 - annual training for program staff for 1 substitute
- #19 - staff health record for 1 substitute
- #40 - individual care plans on site not signed by all staff responsible for childrens' care that have medications on site and 1 care plan not observed for child with chronic illness listed on physical
- #111(h)(3) Playground free from hazards when red berries were observed on vegetation growing through fence. Fence observed to have rust throughout and broken top post in one section
- #160(b)(2)(c) training outline not on site
- #161: Authorized prescriber/parent permission not observed for 1 medication on site (parent authorization needed)
- #38 - child health record for one child out of 9 not current (exam date 8/28/23)

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: [Signature]

Print Name: Filipantane

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/24/24

Signature: [Signature]

Print Name: Shannon Baker