

**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 Mount Carmel ^{CCC}	Date of Inspection:	3/4/25	Time of Arrival:	1:20pm
Address:	656 Congress Ave	License Number:	70539	Expiration Date:	2/29/28
Town:	Watbury, CT 06708	Telephone Number:	203-755-8278	Summer Care:	Open
Operator:	Church of Our Lady of Mount Carmel	# of Staff Present:	8	# over 3 Present:	4
Email:	fran.corona@mtcarmelinc.com	Total Capacity:	32	Total Under 3 capacity:	32
Designated Director:	Fran Corona ^{School Director}	Hours/Days of Operation:	M-F 7:15am - 5:15pm		

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: 3/22/22
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.		<u>POLICIES-COMplete/IMPLEMENTED</u>
<input checked="" type="checkbox"/> 12.	(d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> 13.	(d)(2)(B)-C	Child Protection policy
<input checked="" type="checkbox"/> 14.	(d)(3)	Closing time policy
<input checked="" type="checkbox"/> 15.	(d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 22.		<u>ACCESS</u>
<input checked="" type="checkbox"/> 23.	(f)	Immediate access by parents
<input checked="" type="checkbox"/> 24.	(h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 25.	(l)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 26.	(m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 27.	(n)	Capacity
<input checked="" type="checkbox"/> 28.	(o)	Respond to OEC-no false, misleading statements or documents
<input type="checkbox"/> 29.		<u>POSTINGS</u>
<input checked="" type="checkbox"/> 30.	(e)(1)	License posted
<input checked="" type="checkbox"/> 31.	(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 32.	(e)(3)	Menus posted
<input checked="" type="checkbox"/> 33.	(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 34.	(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 35.	(e)(6)	Developmental Milestones posted

<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.		<u>RATIOS</u>
<input checked="" type="checkbox"/> 28.	(d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 29.	(d)(4)(B)	Mixed age group-ratios
<input checked="" type="checkbox"/> 30.	(d)(6)	Nap time ratio
<input checked="" type="checkbox"/> 31.	(d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 32.		<u>GROUP SIZE</u>
<input checked="" type="checkbox"/> 33.	(d)(5)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 34.	(d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 35.	(d)(5)(B)	Mixed age group-group size
<input checked="" type="checkbox"/> 36.	(e)(1)	Designated director-training
<input checked="" type="checkbox"/> 37.	(f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 38.	(f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 39.		<u>PROFESSIONAL DEVELOPMENT</u>
<input checked="" type="checkbox"/> 40.	(a)(2)	Documentation
<input checked="" type="checkbox"/> 41.	(h)(1)(2)	Health & Safety training
<input checked="" type="checkbox"/> 42.	(h)(1)(2)	1% annual hours
<input checked="" type="checkbox"/> 43.		<u>SWIMMING ACTIVITIES - Y/N</u>
<input checked="" type="checkbox"/> 44.	(4)(C)(ii-v)	Swimming-Ratios
<input checked="" type="checkbox"/> 45.	(4)(C)(i)	Non-swimmers identified
<input checked="" type="checkbox"/> 46.	(e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 47.	(e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 48.		<u>CONSULTANTS</u>
<input checked="" type="checkbox"/> 49.	(i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> 50.	(i)	Consultant agreements-signed annually
<input checked="" type="checkbox"/> 51.	(i)(2)(A-H)	Agreements complete w/required services
<input checked="" type="checkbox"/> 52.	(F)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 53.	(i)(2)	Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	0	✓	✓
Health	0	✓	✓
Soc. Serv.	0	✓	✓
Dietitian	1	1	

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

PROGRAM NAME: Our Lady of Mount Carmel LICENSE NUMBER: 70539 DATE OF INSPECTION: 3/4/25

RECORD KEEPING 19a-79-5

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS
<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

PHYSICAL PLANT 19a-79-7a cont.

<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 (Schl age only-N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 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/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		TOILETING
<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)(D)	Required toilets/sinks-1:25 schl age only (N/A)
<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 or licensed premises
<input checked="" type="checkbox"/>	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>		AIR TEMPERATURE
<input checked="" type="checkbox"/>	(e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	(e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	(e)(3)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	(e)(6)	Hot water/Steam pipes protected
<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"/>		LIGHTING
<input checked="" type="checkbox"/>	(e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	(e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>	(e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>	(e)(9)	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)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	(e)(17)	Radon test- Results: <u>.5</u> N/A
<input checked="" type="checkbox"/>	(e)(17)	Results posted-Date: <u>2/5/20</u> (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, rust
<input checked="" type="checkbox"/>	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-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

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/> 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 (Schl age only 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)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>1/9/23</u>
<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 established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY – Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test – Date: <u>2/24/22</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u> </u> (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Peeling Paint – Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results <u>above limit</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan <u> </u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.		
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

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

PROGRAM NAME Our Lady of Mount Carmel **LICENSE NUMBER** 70539 **DATE OF INSPECTION** 3/4/25

PHYSICAL PLANT 19a-79-7a cont.

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

UNDER THREE ENDORSEMENT 19a-79-10 cont.

- 129. LINENS/CLOTHING
 - (f)(1) Linens/emergency clothing available
 - (f)(2) Linens washed weekly or as needed
 - (f)(3) Linens/clothing stored individually
 - (f)(4) Cribs/cots cleaned-linens changed when shared
- 130. SAFE SLEEP
 - (g)(1) Under 12 mths placed on back for sleeping
 - (g)(1) Crib-slug fitting mattress/tightly fitted sheet
 - (g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file
 - (g)(2) Infants allowed to adopt other sleep positions
 - (g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 - (g)(4) No unapproved sleeping-car seats/swings/beds, etc.
 - (g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 - (g)(6) Observe/assess infants at least every 15 minutes
 - (g)(7) Teething necklaces/bracelets, jewelry inaccessible
 - (g)(8) Safe sleep policies posted/parents informed
- 131. (h)(1) Infant toys-separate/washed/sanitized daily
- 132. (h)(1) Toddler toys-washed/sanitized weekly
- 133. (h)(2) No toys/objects less than 1 1/4" diameter
- 134. (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
- 135. (i)(1)(2A-C) Health consultant visits/documentation
- 136. FEEDING
 - (j) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 - (k)(1) Written feeding schedule from parent-updated
 - (k)(2) Unused formula/milk discarded after feedings
 - (k)(3) Clean bottles/disposable bottles/appvd washing
 - (k)(4) Baby food served from dish or whole jar
 - (k)(5) Bottles labeled with child's name
 - (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
 - (l)(2) Outdoor equipment-developmentally appropriate for ages of the children
 - (l)(3) Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) EDUCATIONAL REQUIREMENTS
 - (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
 - (b) Limited access to screen time/video games

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

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)
- 120. (c)(4) Physical barriers- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. DIAPERING
 - (e)(1) Diaper area: elevated/sturdy/safety rail
 - (e)(2) Diaper area: used only for this purpose, located in the program area
 - (e)(3) Diaper area: non-porous surface/good repair
 - (e)(4) Diaper area: washed/disinfected after use
 - (e)(5) Diaper area: disposable paper sheets
 - (e)(6)(9) Covered waste receptacle-removed daily
 - (e)(7) Handwashing-staff/children
 - (e)(8) Diapering-Handwashing policies-posted/followed
 - (e)(10)(A-C) Cloth diapers-written plan developed

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

- 140. (b) Approved Schl Age Endorsement
- 141. SCHEDULE - ACTIVITIES
- 142. (c) Written daily program plan-flexible schedule-available to staff/parents
 - (c)(1) Activities not a duplication of child's day
 - (c)(2) Activities include cognitive, physical, social, emotional needs of the children
 - (c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
- 143. (d) Ratio- 1:15
- 144. (e) Group size- max. 30
- 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 146. (g) Head teacher approved- 60%

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PROGRAM NAME	Our Lady of Mount Carmel	LICENSE NUMBER	70537	DATE OF INSPECTION	3/4/25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<input type="checkbox"/> 147. <input type="checkbox"/> 148. <input type="checkbox"/> 149. <input type="checkbox"/> 150. <input type="checkbox"/> 151. <input type="checkbox"/> 152. <input type="checkbox"/> 153. <input type="checkbox"/> 154. <input type="checkbox"/> 155. <input type="checkbox"/> 156.	(b) (b)(1) (b)(2) (b)(3) (b)(4) (b)(5) (b)(6) (b)(6)(A) (b)(6)(B) (b)(6)(C) (b)(6)(D) (b)(7) (b)(8) (b)(9) (b)(10)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available <u>SLEEP PROVISIONS</u> Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval	<input checked="" type="checkbox"/> 171. <input checked="" type="checkbox"/> 172. <input checked="" type="checkbox"/> 173. <input checked="" type="checkbox"/> 174. <input checked="" type="checkbox"/> 175. <input checked="" type="checkbox"/> 176. <input checked="" type="checkbox"/> 177. <input checked="" type="checkbox"/> 178. <input checked="" type="checkbox"/> 179.	(a)(1) (b)(1)(A) (b)(1)(B) (i)-(iii) (b)(2) (b)(3) (c)(2) (c)(3) (d)(1) (d)(2) (d)(3) (e)(1) (e)(2) (e)(3)	Written policies and procedures <u>STAFF TRAINING</u> 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
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ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/> 157. <input checked="" type="checkbox"/> 158. <input checked="" type="checkbox"/> 159. <input checked="" type="checkbox"/> 160. <input checked="" type="checkbox"/> 161. <input checked="" type="checkbox"/> 162. <input checked="" type="checkbox"/> 163. <input checked="" type="checkbox"/> 164. <input checked="" type="checkbox"/> 165. <input checked="" type="checkbox"/> 166. <input checked="" type="checkbox"/> 167. <input checked="" type="checkbox"/> 168. <input checked="" type="checkbox"/> 169. <input checked="" type="checkbox"/> 170.	(9a) (9a) (a)(2) (a)(3)(A-B) (a)(3)(C) (b)(1)(A/C) (b)(1)(D) (b)(1)(E) (b)(1)(F) (b)(2)(A-B) (b)(2)(C) (b)(3)(A-B) (b)(3)(D) (b)(4)(A-B) (b)(5)(A-B) (b)(5)(C) (b)(5)(D) (b)(5)(E) (b)(6) (b)(7)(A-B) (d)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes <u>NONPRESC. TOPICAL MEDICATION</u> Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned <u>MEDICATION TRAINING</u> Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution–permission and storage	<input checked="" type="checkbox"/> 180.	- n/a	Consent Order/Negotiated Corrective Action Plan conditions N/A
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DISCUSSIONS - COMMENTS	
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SIGNATURE OF OEC STAFF	Kromm	SIGNATURE OF PERSON IN CHARGE	Nicole Fortner
PRINTED NAME	Krisi Morgan	PRINTED NAME	Nicole Fortner

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: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 3/18/25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ouv Lady of mount Carmel License # 70539 Date: 3/4/25

Observations/Corrections needed:

18 - Outdated complaint procedure posted.35(i) - Health + education consultant agreements missing
Updated duties.(i)(2)(A-H) - Social service consultant agreement not current(F) - Social service consultant log not current.40 - 1 individual care plan not signed by all staff responsible
for the care of the child.62 - Fire marshal certificate not current.69 - Lead water test not current.84 - Water temperature in toddler room sink 138° .88 - Observed dusty ceiling vents in bathroom; missing
ceiling tile in unused infant room.111 (h)(3) observed gap in lattice by stairs.121 - observed toys in handwash only sink in toddler room.159 (a)(3)(A-B) - observed 3 unlabeled diaper creams.

Discussed:

- no infants currently enrolled- infant safe sleep procedures to be posted in infant room.- Febreze on top of kitchen set in large room.- food service certificate expired- mulch frozen - depth could not be determined.- policies to be updated/created to reflect new regulations adopted 10/2021- health + safety trainings to be completed by all staff by 4/1/25.

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: Krishna Morgan

(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Nicole Pater

(Person in Charge)

OEC BY: 3/18/25