

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
SCHOOL AGE ONLY INSPECTION FORM**

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

Program Name:	Carelot Children's Center- Clubhouse <sup>9N</sup>	Date of Inspection:	4.29.25	Time of Arrival:	3:02
Address:	165 Great Neck Rd, Great Neck School	License Number:	10834	Expiration Date:	10.31.26
Town:	Waterford 06385	Telephone Number:	860-367-2308	Summer Care:	closed
Operator:	Carelot Children's Center Inc	# of Staff Present:	2	# children Present:	10
Email:	Clubhouse@carelot.net	Ages Served:	5-12 yrs	Total Capacity:	57
Designated Director:	Heather Hunter-Guble	Days of Operation:	M-F	Hours of Operation:	3-6 pm

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

**LICENSURE PROCEDURES 19a-79-2a**

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

1. (c)(8) Local Health Inspection-Date: 10.21.21

**ADMINISTRATION 19a-79-3a**

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. POLICIES-COMplete/IMPLEMENTED
  - (d)(2)(A) Discipline policy
  - (d)(2)(B)(C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. ACCESS
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
  - 3a(e)(1) License posted
  - 3a(e)(2) OEC Complaint Procedure posted
  - 3a(d)(6)(C) Administrative Oversight Policy
  - 3a(e)(3) Menus posted
  - 3a(e)(4) No Smoking posted signs at entrances
  - 3a(e)(5) OEC Inspection report posted or available
  - 7a(e)(17) Radon test posted (Schls-N/A)

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 28. (d)(4)(D)
- 29. (d)(5)(A)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33.
  - (a)(2)
  - (h)(1)
  - (h)(2)
- 34.
  - (4)(C)(ii-v)
  - (4)(C)(i)
  - (e)(6)
  - (e)(6)
- 35.
  - (i)(1)(A)-(D)
  - (i) -
  - (i)(2)(A-H)
  - (F)
  - (i)(2)
  - (H)(i)-(I)(i)

- Staff health records
- Disciplinary actions
- Comprehensive Background Checks
- Past employment history
- Evidence of compliance -with bknd cks/history
- Adequate staffing
- Two staff present-age 18 or older
- Personal qualities of staff
- Supervision-Indoors/Outdoors
- Group Size-school age field trips/outdoors
- Designated director-training
- CPR certified program staff
- First aid certified program staff

PROFESSIONAL DEVELOPMENT

- Documentation
- Health & Safety training
- 1% annual hours

SWIMMING ACTIVITIES - Y/N

- Swimming-Ratios
- Non-swimmers identified
- CPR certified staff-age 20 or older
- Lifeguard-certified-supervising

CONSULTANTS

- Consultants-Education, Health, Social Service, Dietitian (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			

PROGRAM NAME	Carelot Children Center - 9N	LICENSE NUMBER	16834	DATE OF INSPECTION	4-29-25
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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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36.	(a)(1)(A-C)	Children's Enrollment information	79.		<b>SMOKING</b>
37.		<b>PARENT PERMISSIONS</b>			Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission		<input checked="" type="checkbox"/> (d)(8)	<b>TOILETING</b>
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission			Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	82.	<input checked="" type="checkbox"/> (d)(10)(A)	Toileting needs met
38.	(a)(2)(A-B)	Child Health Records		<input checked="" type="checkbox"/> (d)(10)(B)	Required toilets/sinks-1:25
39.	(a)(2)(C)	Immunization records		<input checked="" type="checkbox"/> (d)(10)(D)	Toileting Supplies-Hand drying-Garbage
40.	(a)(2)(E)	Individual care plan-signed by parents/staff		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
42.	(a)(3)(B)	Parent notification of illness or injury		<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality		<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	83.		Staff personal articles inaccessible
45.	(a)(4)	Video recordings- keep 30 days	84.	<input checked="" type="checkbox"/> (e)(1)	<b>AIR TEMPERATURE</b>

<b>HEALTH and SAFETY 19a-79-6a</b>					
46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	86.		
47.	(a)(2)	Nutritious meals and snacks	90.	(e)(4)	Air temp < 65°F comfortable
48.	(a)(3)	Proper refrigeration-41 degrees	91.	(e)(6)	Air temp > 80 °F - ↑ fluids/ventilation
49.	(a)(4)	Menus-1 wk in advance- keep 3 mths			Portable space heaters prohibited
50.	(a)(5)	Food Service Inspection (N/A)			Hot water/Steam pipes protected
51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)	94.	<input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/NUMBERS</b>
52.	(a)(7)	Separate hand washing facilities		<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
53.	(a)(8)	Multi-use eating/drinking utensils		<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
55.	(a)(10)	Children supervised during meal prep		<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
56.	(a)(11)	Handwashing-staff/children	95.	<input checked="" type="checkbox"/> (e)(8)	<b>LIGHTING</b>
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms		<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
58.	(b)(2)	Designated isolation area	96.	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
59.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	97.	<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
	<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	98.	(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	99.	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
			101.	(e)(13)	Stairs-protected/good repair-handrails
			102.	(e)(14-15)	Toxic plants/materials inaccessible
			103.	(e)(17)	Pets or other animals-in good health, written care plan including access to children
			104.	(e)(18)	Radon test- Results: _____ (Schls N/A)
			107.	(f)(1)(A)	Carbon monoxide detector-each level (N/A)
			108.	(g)(1)	Program space-adequate-35 sq. ft. per child
			109.	(g)(4)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
			110.	(g)(5)	Developmentally app equipment, materials
			111.	(g)(6)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls

<b>PHYSICAL PLANT 19a-79-7a</b>					
62.	(a)(2)	Fire marshal codes/certificate 8-27-24	109.		
63.	(b)	Indoor/Outdoor space inspected/approved			No weapons/no facsimile of a firearm
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	110.	(j)	<b>OUTDOOR SPACE</b>
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	111.	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free		<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
68.	(c)(4)	Testing of premises/grounds for chemicals		<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
69.	<input checked="" type="checkbox"/> (c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools N/A)		<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____ (N/A)		<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)		<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible		<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
		<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results _____	112.	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
		Lead Management Plan _____			<b>OUTDOOR PROTECTED/FENCED</b>
		Peeling Paint - Y/N Inside/Outside	114.	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Emergency vehicle access		<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
72.	(d)(2)	Walkways maintained		<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
73.	(d)(3)	Windows protected to prevent falls			<b>WATER HAZARDS</b>
76.	(d)(5)	Overhead doors-locks/spring protectors (N/A)		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to DPH (N/A)
77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
				<input type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

PROGRAM NAME	Carlot Children's Center - <i>great neck</i>	LICENSE NUMBER	16834	DATE OF INSPECTION	4.29.25
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SCHOOL AGE ENDORSEMENT 19a-79-11	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
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<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement <u>SCHEDULE - ACTIVITIES</u>
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	Written daily program plan-flexible schedule- available to staff/parents
	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/> 171.	(a)(1)	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
<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"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 179.	(e)(3)	

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

<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.		<u>NONPRESC. TOPICAL MEDICATION</u>
	<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.		<u>MEDICATION TRAINING</u>
	<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 checked="" 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 (N/A)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions <input checked="" type="checkbox"/> (N/A)
<i>NA</i>		

DISCUSSIONS/COMMENTS

- all items checked were observed and discussed

- provided copy of policy review checklist during inspection highlighting changes to the child care center reqs effective 10/16/24

- observed old OEC complaint procedure. Updated complaint procedure available at OEC website

#observed 1 bottle of diphenhydramine to be expired, student not present at this time.

Signature of OEC staff	<i>Jennifer Schutz</i>
Printed Name	Jen Schutz

Signature of person in charge	<i>Lynne Selberman</i>
Printed Name	Lynne Selberman

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](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request.
Written Corrective Action Plan Due by: <i>5.13.25</i>
CAP: <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> <input checked="" type="checkbox"/>