Post for 30 Operating Days

Connecticut Office of Early Childhood
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# CHILD CARE CENTER/GROUP INSPECTION FORM

☐ INITIAL ☑ UNANNOUNCED ~~FULL~~/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

| | | | |
|---|---|---|---|
| Program Name: Trinity Day School of Newtown | License Number: 13689 | Date of Inspection: 5/12/22 | Time of Arrival: 10:54 |
| Address: 36 Main St. | Expiration Date: 1/31/25 | Licensed Capacity: 48 | Under 3 Capacity: 8 |
| Town: Newtown, CT 06470 | Telephone: 203-426-8429 | # of children present: 27 | # of staff present: 6(1) |
| Operator: Trinity Day School of Newtown, Inc. | Director: Michelle Macey | | |
| Email: trinitydayschoolnewtown@yahoo.com | Head Teacher: Michelle Macey | | |
| Hours of Operation: M-F 9:00 - 3:30 | Summer Care: Closed. | | |
| Ages Served: 18mos - 5y.o. | Instruction Codes: N/A = Not applicable at this time; √ = Compliance/No violation found; O = Non-compliance/Violation found | | |

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

**Licensure Procedures 19a-79-2a**
- ☑ 1. Local Health Date: 4/17/21

**Administration 19a-79-3a**
- ☑ 2. New Staff-Employee Orientation
- ☑ 3. Annual Staff Policy Training
- ☑ 4. Documentation of Behavior M. Tech Discussed w/Parents
- ☑ 5. Notification of Change
- ☑ 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- ☑ 7. Daily Attendance Records: Children/Staff

**Items Posted: Conspicuous/Accessible**
- ☑ 8. License
- ☑ 9. Current Fire Marshal Certificate Date: 9/8/21
- ☑ 10. OEC Complaint Procedure
- ☑ 11. Food Service Certificate Date: —
- ☑ 12. Menus
- ☑ 13. Emergency Plans
- ☑ 14. No Smoking Signs
- ☑ 15. Radon Test (Y/N) Date: 1/30/15 Results: 1.2
- ☑ 15a. Developmental Milestones

**Staffing 19a-79-4a**
- ☑ 16. Staff Health Records/TB Tests
- ☑ 17. Professional Development
- ☑ 18. Disciplinary Actions
- ☑ 19. Designated Head Teacher/60%
- ☑ 20. Two Staff Present
- ☑ 21. Ratio: 1 Staff to 10 Children
- ☑ 22. Group Size: Maximum 20 Children
- ☑ 23. Designated Director/Training
- ☑ 24. CPR Certified Staff
- ☑ 25. First Aid Trained Staff

**Consultants**
- ☑ 26. Agreements/Contracts (Complete/Signed Annually)

| | Contracts | Logs |
|---|---|---|
| Education | ✓ | ✓ |
| Health | ✓ | ✓ |
| Social Service | ✓ | ✓ |
| Dental | | |
| Dietitian | — | — |

- ☑ 27. Logs/Visits Documented

**Swimming: (Y/N)**
- ☑ 28. Non-Swimmers Identified

**Swimming cont.**
- ☑ 29. Staff/Child Ratios
- ☑ 30. CPR Certified Staff (20 years of age)
- ☑ 31. Lifeguard Certified/Supervision

**Record Keeping 19a-79-5a**
- ☑ 32. Enrollment Information
- ☑ 33. Emergency Medical Permission
- ☑ 34. Authorized Released Permission
- ☑ 35. Field Trip Permission
- ☑ 36. Transportation Permission
- ☑ 37. Child Health Records/Immunizations/TB
- ☑ 38. Individual Care Plan (Signed by Parent/Staff)
- ☑ 39. Injury/Illness/Accident Reports

**Health and Safety 19a-79-6a**
- ☑ 40. Nutritious Snacks/Meals (Required Food Groups)
- ☑ 41. Proper Refrigeration
- ☑ 42. Kitchen Separated
- ☑ 43. Hand Washing Before Eating/Food Handling
- ☑ 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

**Physical Plant 19a-79-7a**
- ☑ 45. License Premise: Clean/Good Repair/Hazard Free
- ☑ 48. Sanitary Drinking Fountains/Disposable Cups
  Water Supply: Public/Well
- ☑ 49. Lead Water Test Date: 9/15/20
  Bacterial/Chemical Test (Y/N) Date: —
- ☑ 50. Walkways Maintained
- ☑ 51. Designated Staff Toilet/Sink
- ☑ 52. All Openings for Ventilation Screened
- ☑ 53. Windows Protected to Prevent Falls
- ☑ 54. Glass Protected to 36"
- ☑ 55. Overhead Doors Locking Devices/Spring Protectors
- ☑ 56. Exits/Hallways and Stairs Unobstructed
- ☑ 57. Individual Storage of Clothing/Bedding
- ☑ 58. Smoking Prohibited
- ☑ 59. Matches/Lighters Inaccessible
- ☑ 60. Electrical Safety: Outlets/Cords
- ☑ 61. Toileting Needs Met
- ☑ 62. Required Toilets/Sinks/Supplies
- ☑ 63. Potty Chairs: Nonporous/Emptied/Disinfected
- ☑ 64. Hand Washing After Toileting: Staff/Children
- ☑ 65. Ventilation in Toilet Room
- ☑ 66. Air Temp 65°, Thermometer Affixed

| Signature of OEC Representative: | Written Corrective Action Plan Due to OEC by: 5/26/22 | Signature of Person in Charge: |
|---|---|---|
| Print name: Kristi Morgan | | Print name: Michelle Macey |

# CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Trinity Day School of Newtown | License Number: 13687 | Date of Inspection: 5/12/22

**Physical Plant continued:**

- ☑ 67. Water Temperature 60°-115°
- ☑ 68. Portable Space Heaters
- ☑ 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
- ☑ 70. Rugs Secure
- ☑ 71. Hot Water/Steam Pipes Protected
- ☑ 72. Working Phone on Each Level
- ☑ 73. Emergency Numbers Posted
- ☑ 74. Adequate Lighting: 50/30 Candle Feet
- ☑ 75. Light Fixtures Shielded/Shatter Proof
- ☑ 76. Potentially Hazardous Substances Locked
- ☑ 77. Garbage/Rubbish Disposed Daily
- ☑ 78. Stairs Protected/Good Repair/Handrails
- ☑ 79. Pets: Maintained/Care Plan (Y/N)
- ☑ 80. Operable CO Detector on Each Level (Y/N)
- ☑ 81. Program Space/Adequate Sq. Ft. Per Child
- ☑ 82. Equipment: Good Repair/Safe/Non-toxic
- ☑ 83. Cots Stored/Maintained/Adequate Number
- ☑ 84. Developmentally Appropriate Equipment/Materials
- ☑ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
- ☑ 86. No Weapons/No Facsimile of a Firearm on Premise

**Outdoor Space**

- ☑ 87. Outdoor Space Adequate Sq. Ft. Per Child
- ☑ 88. Impact Absorbing Material under Equipment
- ☑ 89. Playground Free from Hazards
- ☐ 90. Peeling Paint (Y/N) Sample Taken (Y/N)
- ☑ 91. Lead Management Plan (Y/N) _____
- ☑ 92. Equipment Anchored/Safely Arranged
- ☑ 93. Outdoor Play Area Protected/Fenced
- ☑ 94. Drinking Water Available/Accessible

**Educational Requirements 19a-79-8a**

- ☑ 95. Written Plan for Daily Program Available to Parents/Staff
- ☑ 96. 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** _____

- ☑ 97. Written Policies/Procedures
- ☑ 98. Training Outline on file

Nonprescription Topical Medications

- ☑ 99. Administration/Parent Permission/MAR
- ☑ 100. Labeling/Storage

Oral/Topical/Inhalant/Injectable Medications

- ☑ 101. Med Trained Staff/Certificates
- ☑ 102. Authorized Prescriber/Parent Permission/MAR
- ☑ 103. Labeling/Storage
- ☑ 104. Unused/Expired Meds Returned/Disposed

Self-Administration

- ☑ 105. Authorized Prescriber/Parent Permission/MAR
- ☑ 106. Labeling/Storage
- ☑ 107. Approved Petition For Special Med Authorization

Emergency Distribution of Potassium Iodide

- ☐ n/a 108. KI Pills Parent Permission/Storage

**Under Three Endorsement 19a-79-10**

- ☑ 109. Approved Endorsement
- ☑ 110. Ratio: 1 Staff to 4 Children
- ☑ 111. Group Size no Larger than 8
- ☑ 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
- ☑ 113. Adequate Sinks in Program Space
- ☑ 114. Free Standing/Well-Constructed/Safe Cribs
- ☑ 115. Washable Cots
- ☑ 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray
- ☑ 117. Dev. Appropriate Tables/Chairs/Equipment
- ☑ 118. Refrigerators and Food Prep Facilities
- ☑ 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
- ☑ 120. Washed/Disinfected
- ☑ 121. Disposable Paper Sheets
- ☑ 122. Covered Waste Receptacle
- ☑ 123. Diaper Changing Policy Posted
- ☑ 124. Hand Washing Policy Posted
- ☑ 125. Individual Storage of Personal Items
- ☑ 126. Cribs/Cots Washed/Disinfected
- ☑ 127. Under 12 Months Placed on Back for Sleeping
- ☑ 128. Alternate Sleep Position/Equip-Medical Document Y/N
- ☑ 129. Crib/Bed Used for Infant Sleeping
- ☑ 130. Crib/Bed Free from Observable Hazards
- ☑ 131. Infant Toys Separate/Washed/Disinfected Daily
- ☑ 132. No Toys/Objects Less than 1 ¼" Diameter
- ☑ 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
- ☑ 134. Health Consultant/Documentation of Visits
- ☑ 135. Infants Held for Bottles/Individual Attn/Tummy Time
- ☑ 136. Written Statement/Feeding Schedule from Parent
- ☑ 137. Unused Portions of Liquids Discarded
- ☑ 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
- ☑ 139. Food Served from Dish or Whole Jar Served
- ☑ 140. Bottles Individually Identified w/Child's Name

**Outdoor Play Space-Under Three:**

- ☑ 141. Play Space Fenced
- ☑ 142. Outdoor Equipment: Dev. Appropriate

**School Age Children Endorsement 19a-79-11**

- ☐ n/a 143. Approved Endorsement
- ☐ n/a 144. Activity choices appropriate
- ☐ n/a 145. Ratio: 1 Staff to 10 Children
- ☐ n/a 146. Group Size: Max. 20 Children
- ☐ n/a 147. Education Consultant Appropriate

**Night Care Endorsement 19a-79-12 (10pm-5am)**

- ☐ n/a 148. Approved Endorsement
- ☐ n/a 149. Written Program Plan/Supervision
- ☐ n/a 150. Staff Awake/Available
- ☐ n/a 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel
- ☐ n/a 152. Individual Storage of Personal Items
- ☐ n/a 153. Bedding/Sleeping Apparel Laundered Weekly

**Monitoring of Diabetes 19a-79-13** no child enrolled

- ☑ 154. Written Policies/Procedures
- ☑ 155. On Site Staff Trained in First Aid/Glucose Testing
- ☑ 156. Training Current/Documented
- ☑ 157. Supervision of Self Administration
- ☑ 158. Equipment/Supplies: Labeled/Inaccessible
- ☑ 159. Signed Agreement w/Parent Regarding Equipment
- ☑ 160. Materials Discarded Appropriately
- ☑ 161. Authorized Prescriber/Parent Permission
- ☑ 162. Documentation of Test Results/Actions Taken
- ☑ 163. Daily Written Parent Notifications

| Signature of OEC Representative | Written Corrective Action Plan Due to OEC by: 5/24/22 | Signature of Person in Charge |
|---|---|---|
| Print Name: Kristi Morgan | | Print Name: Michelle Macey |

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Trinity Day School of Newtown License # 13687 Date: 5/12/22

Observations/Corrections needed:

24 - dental consultant agreement not current

27 - dental consultant logs not current

~~74 - observed~~

90 - observed peeling paint on both swings structures.

discussed:

- work information missing in most children's files.
- nurse consultant not documenting review of policies annually.

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: _____ (OEC Representative)

Print Name: Kristin Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 5/26/22

Signature: _____ (Person in Charge)

Print Name: Michelle Macey