

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Tabor Christian Community</u>	License Number: <u>12613</u>	Date of Inspection: <u>3/24/23</u>	Time of Arrival: <u>9:10am</u>
Address: <u>45 Tabor Dr</u>	Expiration Date: <u>3/31/25</u>	Licensed Capacity: <u>38</u>	Under 3 Capacity: <u>0</u>
Town: <u>Branford 06405</u>	Telephone: <u>203-483-9420</u>	# of children present: <u>23</u>	# of staff present: <u>5</u>
Operator: <u>Tabor Evangelical Lutheran Church</u>	Director: <u>Diane Swartz</u>		
Email: <u>ddswardz22@gmail.com</u>	Head Teacher: <u>Dian Swartz</u>		
Hours of Operation: <u>T-Th: 8:30am-3:15pm M-F: 8:30-12pm</u>	Summer Care: <u>closed</u>		
Ages Served: <u>3-5yrs</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			

<p><b>License Procedures 19a-79-2a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 1. Local Health Date: <u>7/28/21</u></li> </ul> <p><b>Administration 19a-79-3a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 2. New Staff-Employee Orientation</li> <li><input checked="" type="checkbox"/> 3. Annual Staff Policy Training</li> <li><input checked="" type="checkbox"/> 4. Documentation of Behavior M. Tech Discussed w/Parents</li> <li><input checked="" type="checkbox"/> 5. Notification of Change</li> <li><input checked="" type="checkbox"/> 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy</li> <li><input checked="" type="checkbox"/> 7. Daily Attendance Records: Children/Staff</li> </ul> <p><b>Items Posted: Conspicuous/Accessible</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 8. License</li> <li><input checked="" type="checkbox"/> 9. Current Fire Marshal Certificate Date: <u>10/3/22</u></li> <li><input checked="" type="checkbox"/> 10. OEC Complaint Procedure</li> <li><input checked="" type="checkbox"/> 11. Food Service Certificate Date: <u>—</u></li> <li><input checked="" type="checkbox"/> 12. Menus</li> <li><input checked="" type="checkbox"/> 13. Emergency Plans</li> <li><input checked="" type="checkbox"/> 14. No Smoking Signs</li> <li><input checked="" type="checkbox"/> 15. Radon Test (Y/N) Date: <u>2/16/5</u> Results: <u>1.0-1.9</u></li> <li><input checked="" type="checkbox"/> 15a. Developmental Milestones</li> </ul> <p><b>Staffing 19a-79-4a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 16. Staff Health Records/TB Tests</li> <li><input checked="" type="checkbox"/> 17. Professional Development</li> <li><input checked="" type="checkbox"/> 18. Disciplinary Actions</li> <li><input checked="" type="checkbox"/> 18b. Background Checks</li> <li><input checked="" type="checkbox"/> 19. Designated Head Teacher/60%</li> <li><input checked="" type="checkbox"/> 20. Two Staff Present</li> <li><input checked="" type="checkbox"/> 21. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 22. Group Size: Maximum 20 Children</li> <li><input checked="" type="checkbox"/> 23. Designated Director/Training</li> <li><input checked="" type="checkbox"/> 24. CPR Certified Staff</li> <li><input checked="" type="checkbox"/> 25. First Aid Trained Staff</li> </ul> <p><b>Consultants</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 26. Agreements/Contracts (Complete/Signed Annually)</li> </ul> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Health</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Social Service</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dental</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dietitian</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> 27. Logs/Visits Documented</p> <p><b>Swimming: (Y/N)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 28. Non-Swimmers Identified</li> </ul>		Contracts	Logs	Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Swimming cont.</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 29. Staff/Child Ratios</li> <li><input checked="" type="checkbox"/> 30. CPR Certified Staff (20 years of age)</li> <li><input checked="" type="checkbox"/> 31. Lifeguard Certified/Supervision</li> </ul> <p><b>Record Keeping 19a-79-5a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 32. Enrollment Information</li> <li><input checked="" type="checkbox"/> 33. Emergency Medical Permission</li> <li><input checked="" type="checkbox"/> 34. Authorized Released Permission</li> <li><input checked="" type="checkbox"/> 35. Field Trip Permission</li> <li><input checked="" type="checkbox"/> 36. Transportation Permission</li> <li><input checked="" type="checkbox"/> 37. Child Health Records/Immunizations/TB</li> <li><input checked="" type="checkbox"/> 38. Individual Care Plan (Signed by Parent/Staff)</li> <li><input checked="" type="checkbox"/> 39. Injury/Illness/Accident Reports</li> </ul> <p><b>Health and Safety 19a-79-6a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 40. Nutritious Snacks/Meals (Required Food Groups)</li> <li><input checked="" type="checkbox"/> 41. Proper Refrigeration</li> <li><input checked="" type="checkbox"/> 42. Kitchen Separated</li> <li><input checked="" type="checkbox"/> 43. Hand Washing Before Eating/Food Handling</li> <li><input checked="" type="checkbox"/> 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory</li> </ul> <p><b>Physical Plant 19a-79-7a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 45. License Premise: Clean/Good Repair/Hazard Free</li> <li><input checked="" type="checkbox"/> 48. Sanitary Drinking Fountains/Disposable Cups Water Supply: Public/Well</li> <li><input checked="" type="checkbox"/> 49. Lead Water Test Date: <u>9/6/22</u> Bacterial/Chemical Test (Y/N) Date: <u>—</u></li> <li><input checked="" type="checkbox"/> 50. Walkways Maintained</li> <li><input checked="" type="checkbox"/> 51. Designated Staff Toilet/Sink</li> <li><input checked="" type="checkbox"/> 52. All Openings for Ventilation Screened</li> <li><input checked="" type="checkbox"/> 53. Windows Protected to Prevent Falls</li> <li><input checked="" type="checkbox"/> 54. Glass Protected to 36"</li> <li><input checked="" type="checkbox"/> 55. Overhead Doors Locking Devices/Spring Protectors</li> <li><input checked="" type="checkbox"/> 56. Exits/Hallways and Stairs Unobstructed</li> <li><input checked="" type="checkbox"/> 57. Individual Storage of Clothing/Bedding</li> <li><input checked="" type="checkbox"/> 58. Smoking Prohibited</li> <li><input checked="" type="checkbox"/> 59. Matches/Lighters Inaccessible</li> <li><input checked="" type="checkbox"/> 60. Electrical Safety: Outlets/Cords</li> <li><input checked="" type="checkbox"/> 61. Toileting Needs Met</li> <li><input checked="" type="checkbox"/> 62. Required Toilets/Sinks/Supplies</li> <li><input checked="" type="checkbox"/> 63. Potty Chairs: Nonporous/Emptied/Disinfected</li> <li><input checked="" type="checkbox"/> 64. Hand Washing After Toileting: Staff/Children</li> <li><input checked="" type="checkbox"/> 65. Ventilation in Toilet Room</li> <li><input checked="" type="checkbox"/> 66. Air Temp 65°, Thermometer Affixed</li> </ul>
	Contracts	Logs																	
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>																	

Signature of OEC Representative: <u>Fil Montanye</u>	Written Corrective Action Plan Due to OEC by: <u>4/7/23</u>	Signature of Person in Charge: <u>Diane D Swartz</u>
Print name: <u>Fil Montanye</u>		Print name: <u>Diane D Swartz</u>

Post for 30  
Operating  
Days

### CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: <u>Tabor Christian Community Preschool</u>	License Number: <u>12613</u>	Date of Inspection: <u>3/24/23</u>
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**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**

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 1/4" 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**

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

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

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

**Monitoring of Diabetes 19a-79-13** no children 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 <u>Kil Montanye</u>	Written Corrective Action Plan Due to OEC by: <u>4/7/23</u>	Signature of Person in Charge <u>Diane D Swartz</u>
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Print Name: Kil Montanye Print Name: Diane D Swartz

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tabor Christian Community Preschool License # 12613 Date: 3/24/23

Observations/Corrections needed:

- #27-<sup>current</sup> logs for review of policies and education program not observed for social service and dental consultants
- #37- observed <sup>FM</sup> 12 out of 6 children's files without documentation of flu shot (children <sup>FM</sup> attending)
- #38- individual care plan not observed for child in which physical indicates allergy and epi pen required
- #74- light in gym/multi purpose room to be below 30 candle foot (12-18.5 CF in areas). Tables for snack (12-14.6) per staff teachers serve the snacks to children so 30 CF needed at tables
- #44- current first aid manual not observed in first aid kits
- #45- mats in gym <sup>observed to be</sup> porous

### Discussion

- Emergency permission: for staff with current first aid/CPR to administer need permission
- 2 enrollment packets out 6 missing work address and phone number for 1 parent.
- nurses visits, logs, and agreement discussed

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: \_\_\_\_\_

Fil Montanye  
(OEC Representative)

Print Name: \_\_\_\_\_

Diane D Swartz  
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: \_\_\_\_\_

OEC BY: \_\_\_\_\_

4/7/23

Print Name: \_\_\_\_\_

Diane D Swartz