

Post for 30  
Operating  
Days

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

|  |  |                                    |                                 |
|--|--|------------------------------------|---------------------------------|
| Program Name: <u>Christ and Holy Trinity</u>   | License Number: <u>13085</u>   | Date of Inspection: <u>3-21-24</u> | Time of Arrival: <u>10:40am</u> |
| Address: <u>preschool 45 Church Lane</u>   | Expiration Date: <u>2-28-26</u>  | Licensed Capacity: <u>80</u>       | Under 3 Capacity: <u>8</u>      |
| Town: <u>Westport</u>  | Telephone: <u>203-226-4616</u>   | # of children present: <u>59</u>   | # of staff present: <u>13</u>   |
| Operator: <u>Christ and Holy Trinity Church INC</u>  | Director: <u>Katherine Nelson &amp; Dianna Walsh</u>   | Head Teacher: <u>Melinda Bell</u>  |                                 |
| Email: <u>Director@cht-westport.org</u>  | Summer Care: <u>Closed</u>   |                                    |                                 |
| Hours of Operation: <u>M-F 8:30am - 2pm</u>  | Instruction Codes: N/A = Not applicable at this time<br>√ = Compliance/No violation found O = Non-compliance/Violation found |                                    |                                 |
| Ages Served: <u>18 months - 5 years</u>  | <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)                                |                                    |                                 |
| Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) |  |                                    |                                 |

License Procedures 19a-79-2a

1. Local Health Date: 2-7-24

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: 11-9-23
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: 1-31-2025
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 1-31-24 Results: 1.2
- 15a. Developmental Milestones

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 18b. Background Checks
- 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      | <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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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: 1-31-2024  
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: 4-4-24

Signature of Person in Charge:

Print name: Cathy Anderson

Print name: Dianna Walsh

**CHILD CARE CENTER/GROUP INSPECTION FORM**

Program Name: Christand Holy Trinity Preschool License Number: 13085 Date of Inspection: 3-24-24

**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**

- 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: Cathy Anderson Written Corrective Action Plan Due to OEC by: 4-9-24 Signature of Person in Charge: Diana Walsh

Print Name: Cathy Anderson Print Name: Diana Walsh

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Christ and Holy Trinity License # 13085 Date: 3-21-24  
Preschool

Observations/Corrections needed:

Program failed to have:

(18b) 1 staff working with children who needs a complete background check

(38) - 2 Care Plans <sup>not on</sup> signed by parents and 1 child with a chronic illness without a care plan on site

(45) - a wooden divider in child's bathroom secured and wires not secured in upstairs room

(52) 1 window screened in upstairs room (window is opened)

(102) 1 medication form is expired, 2 forms missing parent section and 1 form missing child's address.

Discussed

sky room - green mat under climber is not secured  
green fence on playground which divides blacktop and sand area is not secured in areas

TA new playground

Change form, sketch, OEC inspection  
corrections - see saw - need 8" of impact absorbing materials, protect utility boxes, pipes and wires and secure equipment.

**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: Cathy Anderson  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 4-4-24 Signature: Dianna Walsh  
(Person in Charge)