

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



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

Trinity Christian School	1/27/25	9:15 AM
180 Park Ave	12252	11/30/28
Windsor, CT 06095	See 06095 2025	Closed
Trinity United Methodist Church	# of Staff Present: 3	# over 3 Present: 14
N. Dagenhart @ TCS Windsor, Ct	Total Capacity: 107	Total Under 3 capacity: 0
Nancy Dagenhart		Ages Served: 3yrs-5yrs 9:20 AM 7:45 AM - 3 PM M-F

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

STANDARD REFERENCE	STARTING and CONSULTANTS																				
(c)(8) Local Health Inspection-Date: <u>10/18/24</u>	<input checked="" type="checkbox"/> 19. (a)(1) <input checked="" type="checkbox"/> 20. (a)(3) <input checked="" type="checkbox"/> 21. (b) <input checked="" type="checkbox"/> 22. (b)(4) <input checked="" type="checkbox"/> 23. (d) <input checked="" type="checkbox"/> 24. (d)(1) <input checked="" type="checkbox"/> 25. (d)(2) <input checked="" type="checkbox"/> 26. (d)(3)(A-C) <input checked="" type="checkbox"/> 27. (d)(4)(A) <input checked="" type="checkbox"/> 28. (d)(4)(B) <input checked="" type="checkbox"/> 29. (d)(6) <input checked="" type="checkbox"/> 30. (d)(4)(D) <input checked="" type="checkbox"/> 31. (d)(5) <input checked="" type="checkbox"/> 32. (d)(5)(A) <input checked="" type="checkbox"/> 33. (d)(5)(B) <input checked="" type="checkbox"/> 34. (e)(1) <input checked="" type="checkbox"/> 35. (f)(1) <input checked="" type="checkbox"/> 36. (f)(2) <input checked="" type="checkbox"/> 37. (a)(2) <input checked="" type="checkbox"/> 38. (h)(1)(2) <input checked="" type="checkbox"/> 39. (h)(1)(2) <input checked="" type="checkbox"/> 40. (4)(C)(ii-v) <input checked="" type="checkbox"/> 41. (4)(C)(i) <input checked="" type="checkbox"/> 42. (e)(6) <input checked="" type="checkbox"/> 43. (e)(6) <input checked="" type="checkbox"/> 44. (i)(1)(A)-(D) <input checked="" type="checkbox"/> 45. (i) <input checked="" type="checkbox"/> 46. (i)(2)(A-H) <input checked="" type="checkbox"/> 47. (F) <input checked="" type="checkbox"/> 48. (i)(2) <input checked="" type="checkbox"/> 49. (H)(i)-(I)(i)																				
(a) Ensuring health & safety of children (b) Overall management of program (b)(6) Employee orientation for new program staff (b)(6) Annual policy training for program staff (b)(7)(A) Child behavior management (b)(7)(B) Documentation that parents were informed of behavior management techniques (b)(7)(C) Child Protection (b)(7)(E) Mandated Reporting (c)(1-4) Notification of Change (d)(2)(A) <u>POLICIES-COMplete/IMPLEMENTED</u> (d)(2)(B)-C) Discipline policy (d)(3) Child Protection policy (d)(4)(A) Closing time policy (d)(4)(B) Medical emergency policy (d)(5) Multi-Hazards policy-annual drill (d)(6) Supervision policy (d)(6)(C) General Operating policies (d)(7) Administrative Oversight policy (d)(1) Personnel policies (f) Daily attendance-children/staff- keep 1 yr. (h) <u>ACCESS</u> (l) Immediate access by parents (m) Immediate access by OEC-facility/records (n) 2.8 yr olds enrolled in preschool-authorization (o) Motor vehicle laws-transportation Capacity Respond to OEC-no false, misleading statements or documents (e)(1) <u>POSTINGS</u> (e)(2) License posted (e)(3) OEC Complaint Procedure posted (e)(4) Menus posted (e)(5) No Smoking posted signs at entrances (e)(6) OEC Inspection report posted or available Developmental Milestones posted	Staff health records Disciplinary actions Comprehensive Background Checks Evidence of compliance Adequate staffing Designated head teacher-approved-60% Two staff present-age 18 or older Personal qualities of staff <u>RATIOS</u> Ratio 1:10 - Indoors/Outdoors Mixed age group-ratios Nap time ratio Supervision-Indoors/Outdoors <u>GROUP SIZE</u> Group Size-Indoors/Outdoors Group Size-school age field trips/outdoors Mixed age group-group size Designated director-training CPR certified program staff First aid certified program staff <u>PROFESSIONAL DEVELOPMENT</u> Documentation Health & Safety training 1% annual hours <u>SWIMMING ACTIVITIES - Y</u> Swimming-Ratios Non-swimmers identified CPR certified staff-age 20 or older Lifeguard-certified-supervising <u>CONSULTANTS</u> Consultants-Education, Health, Social Service, Dietitian (N/A) Consultant agreements-signed annually Agreements complete w/required services Consultant logs-documented activities, observations and required services Consultant visits- Education/Health																				
	<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Health</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Soc. Serv.</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Dietitian</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	0	0	0	Health	0	0	0	Soc. Serv.	0	0	0	Dietitian	0	0	0
	Contracts	Logs	Visits																		
Education	0	0	0																		
Health	0	0	0																		
Soc. Serv.	0	0	0																		
Dietitian	0	0	0																		

Trinity Christian School 12252 1/27/25

RECORD KEEPING 19a-79-5a

36.	(a)(1)(A-C)	Children's Enrollment information
37.		PARENT PERMISSIONS
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission
38.	(a)(2)(A-B)	Child Health Records
39.	(a)(2)(C)	Immunization records
40.	(a)(2)(E)	Individual care plan-signed by parents/staff
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
42.	(a)(3)(B)	Parent notification of illness or injury
43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
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
<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"/> (e)(1)		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)(2)		Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> (e)(3)		Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> (e)(4)		Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> (e)(5)		Portable space heaters prohibited
<input checked="" type="checkbox"/> (e)(5)		Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> (e)(6)		Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> (e)(7)		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)(8)		Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(9)		LIGHTING
<input checked="" type="checkbox"/> (e)(9)		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)(10)		Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(11)		Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> (e)(12)		Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (e)(13)		Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (e)(14-15)		Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (e)(16)		Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> (e)(17)		Prevention of vermin-openings screened
<input checked="" type="checkbox"/> (e)(18)		Radon test- Results: 1.5 N/A
<input checked="" type="checkbox"/> (f)(1)(A)		Results posted-Date: 2/1/15 (Schls-N/A)
<input checked="" type="checkbox"/> (g)(1)		Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> (g)(2)		Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> (g)(3)		Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> (g)(4)		Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		Air conditioners, water heaters, fuse boxes inaccessible
		Developmentally app equipment, materials

HEALTH and SAFETY 19a-79-6a

46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
47.	(a)(2)	Nutritious meals and snacks
48.	(a)(3)	Proper refrigeration-41 degrees
49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
50.	(a)(5)	Food Service Inspection N/A
51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
52.	(a)(7)	Separate hand washing facilities
53.	(a)(8)	Multi-use eating/drinking utensils
54.	(a)(9)	Kitchen separated (Schl age only N/A)
55.	(a)(10)	Children supervised during meal prep
56.	(a)(11)	Handwashing-staff/children
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
58.	(b)(2)	Designated isolation area
59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
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
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

62.	(a)(2)	Fire marshal codes/certificate 8/13/24
63.	(b)	Indoor/Outdoor space inspected/approved
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
68.	(c)(4)	Testing of premises/grounds for chemicals
69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: 1/21/22
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: N/A
70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____
71.	(d)(1)	Lead Management Plan _____
		Emergency vehicle access

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 95.	(e)(9)	
<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)	

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 95.	(e)(9)	
<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 / CHILDREN'S HOME INSPECTION

PROGRAM NAME: Trinity Christian School LICENSE NUMBER: 12252 DATE: 1/27/25

PHYSICAL PLANT 19a-79-7a cont. **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

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

<input type="checkbox"/> 129.	(f)(1)
	(f)(2)
	(f)(3)
	(f)(4)
<input type="checkbox"/> 130.	(g)(1)
	(g)(1)
	(g)(1)
	(g)(2)
	(g)(3)
	(g)(4)
	(g)(5)
	(g)(6)
	(g)(7)
	(g)(8)
<input type="checkbox"/> 131.	(h)(1)
<input type="checkbox"/> 132.	(h)(1)
<input type="checkbox"/> 133.	(h)(2)
<input type="checkbox"/> 134.	(h)(2)
<input type="checkbox"/> 135.	(i)(1)(2A-C)
<input type="checkbox"/> 136.	(j)
	(k)(1)
	(k)(2)
	(k)(3)
	(k)(4)
	(k)(5)
<input type="checkbox"/> 137.	(l)(1)
<input type="checkbox"/> 138.	(l)(2)
<input type="checkbox"/> 139.	(l)(3)

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

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input type="checkbox"/> 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

<input type="checkbox"/> 137.	(l)(1)
<input type="checkbox"/> 138.	(l)(2)
<input type="checkbox"/> 139.	(l)(3)

<input type="checkbox"/> 140.	(b)
<input checked="" type="checkbox"/> 141.	(c)
<input checked="" type="checkbox"/> 142.	(c)(1)
	(c)(2)
	(c)(3)
<input checked="" type="checkbox"/> 143.	(d)
<input checked="" type="checkbox"/> 144.	(e)
<input type="checkbox"/> 145.	(f)
<input checked="" type="checkbox"/> 146.	(g)

UNDER THREE ENDORSEMENT 19a-79-10 Y/N **SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N**

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

<input checked="" type="checkbox"/> 140.	(b)
<input checked="" type="checkbox"/> 141.	(c)
<input checked="" type="checkbox"/> 142.	(c)(1)
	(c)(2)
	(c)(3)
<input checked="" type="checkbox"/> 143.	(d)
<input checked="" type="checkbox"/> 144.	(e)
<input type="checkbox"/> 145.	(f)
<input checked="" type="checkbox"/> 146.	(g)

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

CHILD CARE CENTER AND GROUP CHILD CARE HOME INSPECTION

PROGRAM **Trinity Christian School**

LICENSE NUMBER **12252**

INSPECTION DATE **1/27/25**

NIGHT CARE ENDORSEMENT 191-79-19

MONITORING OF DIARRHEA

- 147. (b) Approved Night Care Endorsement
- 148. (b)(1) Person in charge-head teacher
- 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
- 150. (b)(3) Written plan for supervision including cot placement and evacuation
- 151. (b)(4) Children in care no more than 12 hrs. in 24
- 152. (b)(5) Staff awake and available
- 153. **SLEEP PROVISIONS**
 - (b)(6) Individual cot/crib with bedding
 - (b)(6)(A) Sleeping apparel/toiletries labeled
 - (b)(6)(B) Required bedding
 - (b)(6)(C) Required toiletries
 - (b)(6)(D) Bedding/sleeping apparel laundered weekly
 - (b)(7) Sleep arrangements for infants
- 154. (b)(8) Air temp 65 °F at 3 ft
- 155. (b)(9) Fire marshal approval-hours specified
- 156. (b)(10) Local health approval

- 171. (a)(1) Written policies and procedures
- 172. **STAFF TRAINING**
 - (b)(1)(A) Staff training – first aid
 - (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
 - (b)(2) Training updated at least every 3 years
 - (b)(3) Written documentation of training
 - (c)(2) Trained staff on site when child is present
 - (c)(3) Self-administration - written authorization and under supervision of trained staff
- 173. (d)(1) Equipment provided by parents
- 174. (d)(2) Equipment labeled and inaccessible
- 175. (d)(2) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 176. (d)(3) Authorized prescriber written order
- 177. (e)(1) Written authorization from parent
- 178. (e)(2) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
- 179. (e)(3)

ADMINISTRATION OF MEDICATIONS 19a-79-9a

ADDITIONAL VIOLATION

- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. **NONPRESC. TOPICAL MEDICATION**
 - (a)(2) Admin/Parent permission/report errors
 - (a)(3)(A-B) Labeling and Storage
 - (a)(3)(C) Unused/expired meds destroyed/returned
- 160. **MEDICATION TRAINING**
 - (b)(1)(A/C) Medication training-general-oral/top/inhalant
 - (b)(1)(D) Injectable premeasured autoinjector medication
 - (b)(1)(E) Rectal medication
 - (b)(1)(F) Injectable other than premeasured auto-injector
 - (b)(2)(A-B) Training approval documents/certificates
 - (b)(2)(C) Training outline on file
- 161. (b)(3)(A-B) Authorized prescriber/parent permission
- 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 163. (b)(4)(A-B) Medication Administration Records (MAR)
- 164. (b)(5)(A-B) Labeling and Storage
- 165. (b)(5)(C) Emergency medication inaccessible
- 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 167. (b)(5)(E) Auto-injector/inhalant equipment
- 168. (b)(6) Self-administration documentation
- 169. (b)(7)(A-B) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage

180. - Consent Order/Negotiated Corrective Action Plan conditions N/A

DISCUSSIONS - COMMENTS

- All new regulations/all items on check list
 - Health + safety training for all staff
 - Education Consultant visit 1 x year
 - Permission form for 2.8yr olds in preschool
 - Staff articles inaccessible to children
 - Care plans need to be signed by all staff/parents

SIGNATURE OF OEC STAFF *Mia Keller*
 PRINTED NAME **K Kellerman**

SIGNATURE OF PERSON IN CHARGE *Nancy Dagenhart*
 PRINTED NAME **Nancy Dagenhart**

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: **2/10/25**
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Trinity Christian School License # 12252 Date: 1/27/25

Observations/Corrections needed:

- Regulations not in compliance when observed
- #5- Annual policy training not observed for 2 staff
- #11- (d)(2)(A), (d)(4)(B), (d)(6)(c) - policies not current with new regulations
- #18- (d)(2) - old complaint procedure posted
- #19- 1 staff health record not available.
- #35(i)(2)(A-H) - Education, social service, nurse agreements not current with new regulations
- #38- 2 child health records not up to date
- #40- 1 care plan not available for child with epi pen
- #66- water stains in ocean room and library vents, dusty in childrens bathrooms and staff bathroom
- #69- lead water test not current. send copy to Agency.
- #116- Educational requirements not current with new regs.
- #161- 1 Authorization form not available for 1 child with Asthma

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: [Signature]
(OEC Representative)
Print Name: Keilerman

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/10/25

Signature: [Signature]
(Person in Charge)
Print Name: Nancy Bagenhart