

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

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

Program Name:	St Paul Christian School	Date of Inspection:	1-24-25	Time of Arrival:	9:40am
Address:	41 Easton Rd	License Number:	12487	Expiration Date:	3-31-29
Town:	Westport	Telephone Number:	227-7920	Summer Care:	Closed
Operator:	St Paul Lutheran Church	# of Staff Present:	16	# over 3 Present:	8
Email:	School@Stpaulwestport.org	Total Capacity:	96	Total Under 3 capacity:	16
Designated Director:	Donna Guerrero	Hours/Days of Operation:	M-F 9am-3pm		

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

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

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a cont.

1. (c)(8) Local Health Inspection-Date: 8/6/24

ADMINISTRATION 19a-79-3a

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	POLICIES-COMLETE/IMPLEMENTED
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)-C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	ACCESS
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	POSTINGS
<input checked="" type="checkbox"/> (e)(1)	License posted
<input checked="" type="checkbox"/> (e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> (e)(3)	Menus posted
<input checked="" type="checkbox"/> (e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> (e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted

<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.	
<input checked="" type="checkbox"/> (d)(4)(A)	
<input checked="" type="checkbox"/> (d)(4)(B)	
<input checked="" type="checkbox"/> (d)(6)	
<input checked="" type="checkbox"/> 28. (d)(4)(D)	
<input checked="" type="checkbox"/> 29.	
<input checked="" type="checkbox"/> (d)(5)	
<input checked="" type="checkbox"/> (d)(5)(A)	
<input checked="" type="checkbox"/> (d)(5)(B)	
<input checked="" type="checkbox"/> 30. (e)(1)	
<input checked="" type="checkbox"/> 31. (f)(1)	
<input checked="" type="checkbox"/> 32. (f)(2)	
<input checked="" type="checkbox"/> 33.	
<input checked="" type="checkbox"/> (a)(2)	
<input checked="" type="checkbox"/> (h)(1)(2)	
<input checked="" type="checkbox"/> (h)(1)(2)	
<input checked="" type="checkbox"/> (4)(C)(ii-v)	
<input checked="" type="checkbox"/> (4)(C)(i)	
<input checked="" type="checkbox"/> (e)(6)	
<input checked="" type="checkbox"/> (e)(6)	
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	
<input checked="" type="checkbox"/> (i)	
<input checked="" type="checkbox"/> (f)(2)(A-H)	
<input checked="" type="checkbox"/> (F)	
<input checked="" type="checkbox"/> (i)(2)	
<input checked="" type="checkbox"/> (H)(i)-(I)(i)	

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

RATIOS
Ratio 1:10 - Indoors/Outdoors
Mixed age group-ratios
Nap time ratio
Supervision-Indoors/Outdoors

GROUP SIZE
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

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 (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	NA	NA	

PROGRAM NAME	St Paul Christian School	LICENSE NUMBER	Pending	DATE OF INSPECTION	1-24-25
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RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	<input checked="" type="checkbox"/> 72.	(d)(2)
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	<input checked="" type="checkbox"/> 73.	(d)(3)
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	<input checked="" type="checkbox"/> 74.	(d)(3)
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	<input checked="" type="checkbox"/> 75.	(d)(4)
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	<input checked="" type="checkbox"/> 76.	(d)(5)
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	<input checked="" type="checkbox"/> 78.	(d)(7)
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	<input checked="" type="checkbox"/> 79.	(d)(8)
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	<input checked="" type="checkbox"/> 80.	(d)(8)
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	<input checked="" type="checkbox"/> 81.	(d)(9)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	<input checked="" type="checkbox"/> 82.	
<input checked="" type="checkbox"/> 44.	(a)(3)(D)		
<input checked="" type="checkbox"/> 45.	(a)(4)		

HEALTH and SAFETY 19a-79-6a		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 46.	(a)(1)	<input checked="" type="checkbox"/> 83.	(d)(10)(A)
<input checked="" type="checkbox"/> 47.	(a)(2)	<input checked="" type="checkbox"/> 84.	(d)(10)(B)
<input checked="" type="checkbox"/> 48.	(a)(3)	<input checked="" type="checkbox"/> 85.	(d)(10)(C)
<input checked="" type="checkbox"/> 49.	(a)(4)	<input checked="" type="checkbox"/> 86.	(d)(10)(C)
<input checked="" type="checkbox"/> 50.	(a)(5)	<input checked="" type="checkbox"/> 87.	(d)(10)(D)
<input checked="" type="checkbox"/> 51.	(a)(6)	<input checked="" type="checkbox"/> 88.	(d)(10)(E)
<input checked="" type="checkbox"/> 52.	(a)(7)	<input checked="" type="checkbox"/> 89.	(d)(10)(E)
<input checked="" type="checkbox"/> 53.	(a)(8)	<input checked="" type="checkbox"/> 90.	(d)(10)(F)
<input checked="" type="checkbox"/> 54.	(a)(9)	<input checked="" type="checkbox"/> 91.	(d)(10)(G)
<input checked="" type="checkbox"/> 55.	(a)(10)	<input checked="" type="checkbox"/> 92.	(d)(10)(H)
<input checked="" type="checkbox"/> 56.	(a)(11)	<input checked="" type="checkbox"/> 93.	(d)(11)
<input checked="" type="checkbox"/> 57.	(b)(1)	<input checked="" type="checkbox"/> 94.	(e)(1)
<input checked="" type="checkbox"/> 58.	(b)(2)	<input checked="" type="checkbox"/> 95.	(e)(1)
<input checked="" type="checkbox"/> 59.	(c)	<input checked="" type="checkbox"/> 96.	(e)(2)
<input checked="" type="checkbox"/> 60.	(c)	<input checked="" type="checkbox"/> 97.	(e)(3)
<input checked="" type="checkbox"/> 61.	(d)	<input checked="" type="checkbox"/> 98.	(e)(4)
		<input checked="" type="checkbox"/> 99.	(e)(5)
		<input checked="" type="checkbox"/> 100.	(e)(5)
		<input checked="" type="checkbox"/> 101.	(e)(6)
		<input checked="" type="checkbox"/> 102.	(e)(7)
		<input checked="" type="checkbox"/> 103.	(e)(7)
		<input checked="" type="checkbox"/> 104.	(e)(7)
		<input checked="" type="checkbox"/> 105.	(e)(8)
		<input checked="" type="checkbox"/> 106.	(e)(9)
		<input checked="" type="checkbox"/> 107.	(e)(9)
			(e)(10)
			(e)(11)
			(e)(12)
			(e)(13)
			(e)(14-15)
			(e)(16)
			(e)(17)
			(e)(18)
			(f)(1)(A)
			(g)(1)
			(g)(2)
			(g)(3)
			(g)(4)

PHYSICAL PLANT 19a-79-7a		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 62.	(a)(2)	<input checked="" type="checkbox"/> 108.	(g)(1)
<input checked="" type="checkbox"/> 63.	(b)	<input checked="" type="checkbox"/> 109.	(g)(2)
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	<input checked="" type="checkbox"/> 110.	(g)(3)
<input checked="" type="checkbox"/> 65.	(b)(6)	<input checked="" type="checkbox"/> 111.	(g)(4)
<input checked="" type="checkbox"/> 66.	(c)(2)	<input checked="" type="checkbox"/> 112.	(g)(5)
<input checked="" type="checkbox"/> 67.	(c)(3)	<input checked="" type="checkbox"/> 113.	(g)(6)
<input checked="" type="checkbox"/> 68.	(c)(4)	<input checked="" type="checkbox"/> 114.	(g)(7)
<input checked="" type="checkbox"/> 69.	(c)(5)(A)	<input checked="" type="checkbox"/> 115.	(g)(8)
	(c)(5)(B)	<input checked="" type="checkbox"/> 116.	(g)(9)
	(c)(5)(C)	<input checked="" type="checkbox"/> 117.	(g)(10)
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	<input checked="" type="checkbox"/> 118.	(g)(11)
	(c)(6)(B-D)	<input checked="" type="checkbox"/> 119.	(g)(12)
<input checked="" type="checkbox"/> 71.	(d)(1)	<input checked="" type="checkbox"/> 120.	(g)(13)

PROGRAM NAME		St Paul Christian School	LICENSE NUMBER	12487	DATE OF INSPECTION	1-24-25	
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"/>	129.	<u>LINENS/CLOTHING</u>	
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input checked="" type="checkbox"/>	(f)(1)	Linens/emergency clothing available	
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm	<input checked="" type="checkbox"/>	(f)(2)	Linens washed weekly or as needed	
<input checked="" type="checkbox"/>	111.		<u>OUTDOOR SPACE</u>	<input checked="" type="checkbox"/>	(f)(3)	Linens/clothing stored individually	
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child	<input checked="" type="checkbox"/>	(f)(4)	Cribs/cots cleaned-linens changed when shared	
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"	<input checked="" type="checkbox"/>	(g)(1)	<u>SAFE SLEEP</u>	
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards	<input checked="" type="checkbox"/>	(g)(1)	Under 12 mths placed on back for sleeping	
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected	<input checked="" type="checkbox"/>	(g)(1)	Crib-snug fitting mattress/tightly fitted sheet	
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/>	(g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file	
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request	<input checked="" type="checkbox"/>	(g)(3)	Infants allowed to adopt other sleep positions	
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible	<input checked="" type="checkbox"/>	(g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles	
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<input checked="" type="checkbox"/>	(g)(5)	No unapproved sleeping-car seats/swings/beds, etc.	
<input checked="" type="checkbox"/>	112.		<u>OUTDOOR PROTECTED/FENCING</u>	<input checked="" type="checkbox"/>	(g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes	
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards	<input checked="" type="checkbox"/>	(g)(6)	Observe/assess infants at least every 15 minutes	
<input checked="" type="checkbox"/>	113.	(h)(7)(A)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/>	(g)(7)	Teething necklaces/bracelets, jewelry inaccessible	
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input checked="" type="checkbox"/>	(g)(8)	Safe sleep policies posted/parents informed	
<input checked="" type="checkbox"/>	114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier	<input checked="" type="checkbox"/>	(h)(1)	Infant toys-separate/washed/sanitized daily	
			<u>WATER HAZARDS</u>	<input checked="" type="checkbox"/>	(h)(1)	Toddler toys-washed/sanitized weekly	
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61	<input checked="" type="checkbox"/>	(h)(2)	No toys/objects less than 1 ¼ " diameter	
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited	<input checked="" type="checkbox"/>	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision	
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible	<input checked="" type="checkbox"/>	(i)(1)(2A-C)	Health consultant visits/documentation	
<u>EDUCATIONAL REQUIREMENTS 19a-79-8a</u>			<input checked="" type="checkbox"/>	131.	(j)	<u>FEEDING</u>	
<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate	<input checked="" type="checkbox"/>	(k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle	
<input checked="" type="checkbox"/>	116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>	<input checked="" type="checkbox"/>	(k)(2)	Written feeding schedule from parent-updated	
		(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	<input checked="" type="checkbox"/>	(k)(3)	Unused formula/milk discarded after feedings	
		(b)	Limited access to screen time/video games	<input checked="" type="checkbox"/>	(k)(4)	Clean bottles/disposable bottles/appvd washing	
				<input checked="" type="checkbox"/>	(k)(5)	Baby food served from dish or whole jar	
				<input checked="" type="checkbox"/>	(l)(1)	Bottles labeled with child's name	
				<input checked="" type="checkbox"/>	(l)(2)	Outdoor spaced fenced-4 ft lic. after 1/1/25	
				<input checked="" type="checkbox"/>	(l)(3)	Outdoor equipment-developmentally appropriate for ages of the children	
				<input checked="" type="checkbox"/>		Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety	
<u>UNDER THREE ENDORSEMENT 19a-79-10</u> Y/N			<u>SCHOOL AGE ENDORSEMENT 19a-79-11</u> Y/N				
<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/>	141.	(c)	<u>SCHEDULE - ACTIVITIES</u>
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/>	142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/>	(c)(2)	(c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input checked="" type="checkbox"/>	(c)(3)	(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/>	143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/>	144.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/>	145.	(f)	Group size- max. 30
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/>	146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities				Head teacher approved- 60%
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free				
<input checked="" type="checkbox"/>	128.		<u>DIAPERING</u>				
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail				
<input checked="" type="checkbox"/>		(e)(2)	Diaper area: used only for this purpose, located in the program area				
<input checked="" type="checkbox"/>		(e)(3)	Diaper area: non-porous surface/good repair				
<input checked="" type="checkbox"/>		(e)(4)	Diaper area: washed/disinfected after use				
<input checked="" type="checkbox"/>		(e)(5)	Diaper area: disposable paper sheets				
<input checked="" type="checkbox"/>		(e)(6)(9)	Covered waste receptacle-removed daily				
<input checked="" type="checkbox"/>		(e)(7)	Handwashing-staff/children				
<input checked="" type="checkbox"/>		(e)(8)	Diapering-Handwashing policies-posted/followed				
<input checked="" type="checkbox"/>		(e)(10)(A-C)	Cloth diapers-written plan developed				

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St Paul Christian School License # 12487 Date: 1-24-25

Observations/Corrections needed:

- Regulation not in compliance when:
- #21 - 1 Staff working with children and BCIS states the staff member needs a Background Check
- #36 - 4 out of 10 Child files have parent information not complete.
- #95 - Cleaners in a low cabinet accessible to children in room 11 and files room
- #166 - 1 Epi-pen on site expired on 11/24

Discussed:

New regulations
 Checked items were either in compliance or discussed
 2 rusty radiator grates in child bathrooms

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

Print Name: Cathy Anderson
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Donna Cuerrera

OEC BY: 2-7-25

Print Name: Donna Cuerrera
(Person in Charge)