



CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING



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:	Tabor Christian Community Preschool	Date of Inspection:	2/25/25	Time of Arrival:	8:29am
Address:	45 Tabor Dr.	License Number:	12613	Expiration Date:	3/31/29
Town:	Branford 06405	Telephone Number:	203-483-9420	Summer Care:	Closed
Operator:	Tabor Evangelical Lutheran Church	# of Staff Present:	4	# over 3 Present:	16
Email:	ddswartz22@gmail.com	Total Capacity:	38	# under 3 Present:	0
Designated Director:	Diane Swartz	Hours/Days of Operation:	8:30am-3:15pm		

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.

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 5/18/23	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<b>ADMINISTRATION 19a-79-3a</b>			<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 27.	(d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 29.	(d)(4)(D)	Mixed age group-ratios
<input checked="" type="checkbox"/> 11.	(d)(2)(A)	<b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 30.	(d)(6)	Nap time ratio
<input checked="" type="checkbox"/> 12.	(d)(2)(B-C)	Discipline policy	<input checked="" type="checkbox"/> 31.	(d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 13.	(d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 32.	(d)(5)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> 14.	(d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 33.	(d)(5)(A)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 15.	(d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 34.	(d)(5)(B)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 35.	(e)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy	<input checked="" type="checkbox"/> 36.	(f)(1)	Designated director-training
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies	<input checked="" type="checkbox"/> 37.	(f)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> 38.	(a)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies	<input checked="" type="checkbox"/> 39.	(h)(1)(2)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 40.	(h)(1)(2)	Documentation
<input checked="" type="checkbox"/> 22.	(f)	<b>ACCESS</b>	<input checked="" type="checkbox"/> 41.	(4)(C)(ii-v)	Health & Safety training
<input checked="" type="checkbox"/> 23.	(h)	Immediate access by parents	<input checked="" type="checkbox"/> 42.	(4)(C)(i)	1% annual hours
<input checked="" type="checkbox"/> 24.	(l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 43.	(e)(6)	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 25.	(m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 44.	(e)(6)	Swimming-Ratios
<input checked="" type="checkbox"/> 26.	(n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 45.	(e)(6)	Non-swimmers identified
<input checked="" type="checkbox"/> 27.	(o)	Capacity	<input checked="" type="checkbox"/> 46.	(i)(1)(A)-(D)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 28.	(e)(1)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 47.	(i)(2)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 29.	(e)(2)	<b>POSTINGS</b>	<input checked="" type="checkbox"/> 48.	(H)(i)-(I)(i)	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 30.	(e)(3)	License posted	<input checked="" type="checkbox"/> 49.	(i)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> 31.	(e)(4)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 50.	(i)(2)(A-H)	Consultant agreements-signed annually
<input checked="" type="checkbox"/> 32.	(e)(5)	Menus posted	<input checked="" type="checkbox"/> 51.	(F)	Agreements complete w/required services
<input checked="" type="checkbox"/> 33.	(e)(6)	No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 52.	(i)(2)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 34.	(e)(6)	OEC Inspection report posted or available	<input checked="" type="checkbox"/> 53.	(H)(i)-(I)(i)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> 35.	(e)(6)	Developmental Milestones posted	<input checked="" type="checkbox"/> 54.	(H)(i)-(I)(i)	Contracts    Logs    Visits

Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME	LICENSE NUMBER	DATE OF INSPECTION
Tabor Christian Community Preschool	12613	2/25/25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS <input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iv) Field trip permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Transportation permission <input checked="" type="checkbox"/> 39. (a)(2)(C) Child Health Records <input checked="" type="checkbox"/> 40. (a)(2)(E) Immunization records <input checked="" type="checkbox"/> 41. (a)(3)(A) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 42. (a)(3)(B) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Parent notification of illness or injury <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 45. (a)(4) Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<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 <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) 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 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)(1) Air temp <65°F comfortable (Schl age only-N/A) <input checked="" type="checkbox"/> (e)(2) Air temp > 80 °F - ↑ fluids/ventilation <input checked="" type="checkbox"/> (e)(3) Water temperature 60 °F - 120 °F <input checked="" type="checkbox"/> (e)(4) Portable space heaters prohibited <input checked="" type="checkbox"/> (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> (e)(5) Rugs- not tripping/slipping hazard <input checked="" type="checkbox"/> (e)(6) 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)(7) Parents provided direct on site phone number LIGHTING <input checked="" type="checkbox"/> (e)(8) 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)(9) Light fixtures shielded/shatter proof <input checked="" type="checkbox"/> (e)(10) Potentially hazardous substances, materials - labeled, inaccessible <input checked="" type="checkbox"/> (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> (e)(14-15) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> (e)(16) Prevention of vermin-openings screened <input checked="" type="checkbox"/> (e)(17) Radon test- Results: 1.0 N/A Results posted-Date: 2/19/25 (Schls-N/A) <input checked="" type="checkbox"/> (e)(18) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> (f)(1)(A) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust <input checked="" type="checkbox"/> (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) <input checked="" type="checkbox"/> (g)(3) Air conditioners, water heaters, fuse boxes inaccessible <input checked="" type="checkbox"/> (g)(4) Developmentally app equipment, materials	
HEALTH and SAFETY 19a-79-6a		
<input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A <input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks <input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees <input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths <input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection N/A <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils NA <input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A) <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area <input checked="" type="checkbox"/> 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 60. (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 <input checked="" type="checkbox"/> 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags		
PHYSICAL PLANT 19a-79-7a		
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 126124 <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) N/A <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: 9/30/24 <input checked="" type="checkbox"/> (c)(5)(B) Bact./Chem Test-Date: N/A <input checked="" type="checkbox"/> (c)(5)(C) Drinking water available/accessible <input checked="" type="checkbox"/> 70. (c)(6)(A) LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78 Y/N Lead Test: Y/N Results: NO lead identified <input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access	<input checked="" type="checkbox"/> 95. (e)(10) <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 and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME <b>Tabor Christian Community Preschool</b>		LICENSE NUMBER <b>12613</b>	DATE OF INSPECTION <b>2/25/25</b>
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. <u>OUTDOOR SPACE</u> <input checked="" type="checkbox"/> (h)(1) Adequate space- 75 sq. ft. per child <input checked="" type="checkbox"/> (h)(2) Shock absorbing surfaces-minimum 8" <input checked="" type="checkbox"/> (h)(3) Playground free from hazards <input checked="" type="checkbox"/> (h)(4) Nuts, bolts, screws-tight, covered/protected <input checked="" type="checkbox"/> (h)(5) Outside equipment anchored-anchors buried <input checked="" type="checkbox"/> (h)(6) New equip- cert playg. Inspection upon request <input checked="" type="checkbox"/> (h)(8) Drinking water available/accessible <input checked="" type="checkbox"/> (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous <input checked="" type="checkbox"/> 112. <u>OUTDOOR PROTECTED/FENCING</u> <input checked="" type="checkbox"/> (h)(7) Playground protected from traffic, water, gullies or other hazards <input checked="" type="checkbox"/> 113. <input checked="" type="checkbox"/> (h)(7)(A) Fences installed to protect from hazards-4 ft <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"/> (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A <input checked="" type="checkbox"/> 114. <u>WATER HAZARDS</u> <input checked="" type="checkbox"/> (i) Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A <input checked="" type="checkbox"/> (i) Wading pools prohibited <input checked="" type="checkbox"/> (i) Hot tubs/spas/saunas-locked/inaccessible N/A	<input type="checkbox"/> 129. <input type="checkbox"/> 130. NA <input type="checkbox"/> 131. <input type="checkbox"/> 132. <input type="checkbox"/> 133. <input type="checkbox"/> 134. <input type="checkbox"/> 135. <input type="checkbox"/> 136. <input type="checkbox"/> 137. NA <input type="checkbox"/> 138. <input type="checkbox"/> 139.	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> 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 <b>FEEDING</b> 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 measures 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 checked="" type="checkbox"/> 116. (a) <u>EDUCATIONAL REQUIREMENTS</u> <input checked="" type="checkbox"/> (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"/> (b) Limited access to screen time/video games	<input type="checkbox"/> 137. NA <input type="checkbox"/> 138. <input type="checkbox"/> 139.		
UNDER THREE ENDORSEMENT 19a-79-10 <b>Y/N</b>		SCHOOL AGE ENDORSEMENT 19a-79-11 <b>Y/N</b>	
<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. <u>DIAPERING</u> <input type="checkbox"/> (e)(1) Diaper area: elevated/sturdy/safety rail <input type="checkbox"/> (e)(2) Diaper area: used only for this purpose, located in the program area <input type="checkbox"/> (e)(3) Diaper area: non-porous surface/good repair <input type="checkbox"/> (e)(4) Diaper area: washed/disinfected after use <input type="checkbox"/> (e)(5) Diaper area: disposable paper sheets <input type="checkbox"/> (e)(6)(9) Covered waste receptacle-removed daily <input type="checkbox"/> (e)(7) Handwashing-staff/children <input type="checkbox"/> (e)(8) Diapering-Handwashing policies-posted/followed <input type="checkbox"/> (e)(10)(A-C) Cloth diapers-written plan developed	<input type="checkbox"/> 140. (b) <input type="checkbox"/> 141. (c) <input type="checkbox"/> 142. (c)(1) <input type="checkbox"/> (c)(2) <input type="checkbox"/> (c)(3) <input type="checkbox"/> 143. (d) <input type="checkbox"/> 144. (e) <input type="checkbox"/> 145. (f) <input type="checkbox"/> 146. (g)	Approved Schl Age Endorsement <b>SCHEDULE - ACTIVITIES</b> 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/parent Head teacher approved- 60%	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME: Tabor Christian Community LICENSE NUMBER: 12613 DATE OF INSPECTION: 2/25/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)  Y/N MONITORING OF DIABETES 19a-79-13  Y/N

<input checked="" type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	<b>STAFF TRAINING</b>
<input checked="" type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – first aid
<input checked="" type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input checked="" type="checkbox"/> 153. (b)(5)	<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input checked="" type="checkbox"/> 156. (b)(10)	Local health approval		

ADMINISTRATION OF MEDICATIONS 19a-79-9a  Y/N ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	<u>NA</u>	<u>N/A</u>

DISCUSSIONS - COMMENTS

159. (a)(2)  
 (a)(3)(A-B)  
 (a)(3)(C)  
**NONPRESC. TOPICAL MEDICATION**  
 Admin/Parent permission/report errors  
 Labeling and Storage  
 Unused/expired meds destroyed/returned

160. (b)(1)(A/C)  
 (b)(1)(D)  
 (b)(1)(E)  
 (b)(1)(F)  
 (b)(2)(A-B)  
 (b)(2)(C)  
**MEDICATION TRAINING**  
 Medication training-general-oral/top/inhalant  
 Injectable premeasured autoinjector medication  
 Rectal medication  
 Injectable other than premeasured auto-injector  
 Training approval documents/certificates  
 Training outline on file

161. (b)(3)(A-B)  
 162. (b)(3)(D)  
 Authorized prescriber/parent permission  
 Medication errors- documentation, parent(s) and OEC notification

163. (b)(4)(A-B)  
 164. (b)(5)(A-B)  
 165. (b)(5)(C)  
 166. (b)(5)(D)  
 167. (b)(5)(E)  
 168. (b)(6)  
 169. (b)(7)(A-B)  
 170. (d)  
 Medication Administration Records (MAR)  
 Labeling and Storage  
 Emergency medication inaccessible  
 Unused/Expired meds-destroyed/returned  
 Auto-injector/inhalant equipment  
 Self-administration documentation  
 Petition for special medication authorization  
 Potassium Iodide (KI) emergency distribution-permission and storage N/A

*All items checked off were either observed or discussed*  
*New Regs Discussed*  
*All Staff must have health + safety training by 4/1/25 all new hires moving forward within 3 months of employment.*  
*new compliant procedure on web site*  
*new policies checklist provided program must update all policies plans and procedures to reflect new component in new regulations dated oct 2024*

SIGNATURE OF OEC STAFF: Fil Montanye SIGNATURE OF PERSON IN CHARGE: Diane Swartz  
 PRINTED NAME: Fil Montanye PRINTED NAME: Diane Swartz

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Inspection shall be posted or available for review upon request.

Help Desk: (800)282-6063 or (860)500-4450 Written Corrective Action Plan Due by: 3/11/25  
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tabor Christian Community Preschool License # 12613 Date: 01/25/25

Observations/Corrections needed:

- outside playground sand (surface) still frozen with large ice-patches. program is aware that the surface within fall zones of climbers, slides and sea sauss must be 8 inches of impact absorbing material or its equivalent
- OCE milestones - program has CDC milestone currently up. OCE milestones must be posted
- Per staff no medications on site/needed this year <sup>no med training</sup> staff will need current oral/topical/inhalant if child with medication enrolls

Violations : Program not in compliance with:

- #85 - (i)(2)(A-H) - when agreements of all required consultants were observed to be incomplete. missing new requirements per new regulation of duties (new regs Oct 2024)
- (F) - when social service logs were not observed for review of policies, plans + procedures and education program plan

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 Montagne  
(DEC Representative)  
Print Name: Fil Montagne

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/11/25

Signature: Diane Swartz  
(Person in Charge)  
Print Name: Diane Swartz

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tabor Christian Community License # 12613 Date: 2/25/25  
Preschool

Observations/Corrections needed:

#38 - when 2 out of 9 children's files sampled did not have current physical on site (blank child physicals in files)

#39 - when 7 out of 9 children's files sampled did not have copy of child's <sup>(FM)</sup> immunization record including Flu shot

#66 - when a dangling ac cord was observed in the St. Matthew room (set up for snack + cots for rest)

#94 - when lighting in multipurpose room does not meet 30 CF lighting around all equipment (range 7.6 CF - 27 CF) (Tables where teachers serve snack measure 11 CF - 28.5 CF)

#104 - when two end stall wirts in bathroom by kitchen were observed with rust at the bases. Also, in St Matthew room when a knob on drawer by sink is broken off and protruding screw is observed.

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]

Print Name: El Montanye  
(OEG Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/11/25

Signature: [Signature]

Print Name: Diane Swartz  
(Person in Charge)