CONNECTICUT

# CONNECTICUT OFFICE OF EARLY CHILDHOOD
## DIVISION OF LICENSING

CONNECTICUT Early Childhood

# 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: | Trinity Community Preschool | Date of Inspection: | 3/12/25 | Time of Arrival: | 9:01 am |
| Address: | 33 Center Rd | License Number: | 12474 | Expiration Date: | 3/31/29 |
| Town: | Woodbridge 06525 | Telephone Number: | 203-387-47[illegible] | Summer Care: | Closed |
| Operator: | Trinity Evangelical Free Church | # of Staff Present: | 8 | # over 3 Present: 28 | # under 3 Present: 5 |
| Email: | sharonc@trinityefc.com | Total Capacity: | 45 | Total Under 3 capacity: 8 | Ages Served: 12months-5yrs. |
| Designated Director: | Sharon Culbertson | Hours/Days of Operation: | 9:00 am - 3:00 pm | | |

**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

| | | | |
|---|---|---|---|
| ☑ 1. | (c)(8) | Local Health Inspection-Date: | 10/4/24 |

## ADMINISTRATION 19a-79-3a

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

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

| | | |
|---|---|---|
| ☑ 19. | (a)(1) | Staff health records |
| ☑ 20. | (a)(3) | Disciplinary actions |
| ☑ 21. | (b) | Comprehensive Background Checks |
| ☑ 22. | (b)(4) | Evidence of compliance |
| ☑ 23. | (d) | Adequate staffing |
| ☑ 24. | (d)(1) | Designated head teacher–approved-60% |
| ☑ 25. | (d)(2) | Two staff present–age 18 or older |
| ☑ 26. | (d)(3)(A-C) | Personal qualities of staff |
| ☑ 27. | | RATIOS |
| | ☑ (d)(4)(A) | Ratio 1:10 – Indoors/Outdoors |
| | ☑ (d)(4)(B) | Mixed age group–ratios |
| | ☑ (d)(6) | Nap time ratio |
| ☑ 28. | (d)(4)(D) | Supervision–Indoors/Outdoors |
| ☑ 29. | | GROUP SIZE |
| | ☑ (d)(5) | Group Size–Indoors/Outdoors |
| | ☑ (d)(5)(A) | Group Size–school age field trips/outdoors |
| | ☑ (d)(5)(B) | Mixed age group–group size |
| ☑ 30. | (e)(1) | Designated director-training |
| ☑ 31. | (f)(1) | CPR certified program staff |
| ☑ 32. | (f)(2) | First aid certified program staff |
| ☑ 33. | | PROFESSIONAL DEVELOPMENT |
| | ☑ (a)(2) | Documentation |
| | ☑ (h)(1)(2) | Health & Safety training |
| | ☑ (h)(1)(2) | 1% annual hours |
| ☑ 34. | | SWIMMING ACTIVITIES - Y/N |
| | ☑ (4)(C)(ii-v) | Swimming-Ratios |
| | ☑ (4)(C)(i) | Non-swimmers identified |
| | ☑ (e)(6) | CPR certified staff–age 20 or older |
| | ☑ (e)(6) | Lifeguard–certified–supervising |
| ☑ 35. | | CONSULTANTS |
| | ☑ (i)(1)(A)-(D) | Consultants-Education, Health, Social Service, Dietitian (N/A) |
| | ☑ (j) | Consultant agreements-signed annually |
| | ☑ (i)(2)(A-H) | Agreements complete w/required services |
| | ☑ (F) | Consultant logs–documented activities, observations and required services |
| | ☑ (i)(2) (H)(i)-(I)(i) | Consultant visits- Education/Health |

| | Contracts | Logs | Visits |
|---|---|---|---|
| Education | ✓ | ✓ | ✓ |
| Health | ✓ | ✓ | ✓ |
| Soc. Serv. | ✓ | ✓ | |
| Dietitian | — | — | |

# CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

| PROGRAM NAME | Trinity Community Preschool | LICENSE NUMBER | 12474 | DATE OF INSPECTION | 3/12/25 |
|---|---|---|---|---|---|

## PHYSICAL PLANT 19a-79-7a cont.

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

## EDUCATIONAL REQUIREMENTS 19a-79-8a

| | | |
|---|---|---|
| ☑ 115. | (a) | Written daily/weekly educational plan-developmentally appropriate |
| ☑ 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 |

## UNDER THREE ENDORSEMENT 19a-79-10 Y/N

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

## UNDER THREE ENDORSEMENT 19a-79-10 cont.

| | | |
|---|---|---|
| ☑ 129. | | LINENS/CLOTHING |
| | ☑ (f)(1) | Linens/emergency clothing available |
| | ☑ (f)(2) | Linens washed weekly or as needed |
| | ☑ (f)(3) | Linens/clothing stored individually |
| | ☑ (f)(4) | Cribs/cots cleaned-linens changed when shared |
| ☑ 130. | | SAFE SLEEP |
| | ☑ (g)(1) | Under 12 mths placed on back for sleeping |
| | ☑ (g)(1) | Crib-snug fitting mattress/tightly fitted sheet |
| | ☑ (g)(1) | Alternate sleep position/equipment-medical documentation for medical reason on file |
| | ☑ (g)(2) | Infants allowed to adopt other sleep positions |
| | ☑ (g)(3) | No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles |
| | ☑ (g)(4) | No unapproved sleeping-car seats/swings/beds, etc. |
| | ☑ (g)(5) | No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes |
| | ☑ (g)(6) | Observe/assess infants at least every 15 minutes |
| | ☑ (g)(7) | Teething necklaces/bracelets, jewelry inaccessible |
| | ☑ (g)(8) | Safe sleep policies posted/parents informed |
| ☑ 131. | (h)(1) | Infant toys-separate/washed/sanitized daily |
| ☑ 132. | (h)(1) | Toddler toys-washed/sanitized weekly |
| ☑ 133. | (h)(2) | No toys/objects less than 1 ¼ " diameter |
| ☑ 134. | (h)(2) | Plastic bags/balloons/styrofoam inaccessible unless under direct supervision |
| ☑ 135. | (i)(1)(2A-C) | Health consultant visits/documentation |
| ☑ 136. | | FEEDING |
| | ☑ (j) | Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle |
| | ☑ (k)(1) | Written feeding schedule from parent-updated |
| | ☑ (k)(2) | Unused formula/milk discarded after feedings |
| | ☑ (k)(3) | Clean bottles/disposable bottles/appvd washing |
| | ☑ (k)(4) | Baby food served from dish or whole jar |
| | ☑ (k)(5) | Bottles labeled with child's name |
| ☑ 137. | (l)(1) | Outdoor spaced fenced–4 ft lic. after 1/1/25 |
| ☑ 138. | (l)(2) | Outdoor equipment-developmentally appropriate for ages of the children |
| ☑ 139. | (l)(3) | Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety |

## SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

| | | |
|---|---|---|
| ☑ 140. | (b) | Approved Schl Age Endorsement |
| | | SCHEDULE - ACTIVITIES |
| ☑ 141. | ☑ (c) | Written daily program plan-flexible schedule-available to staff/parents |
| ☑ 142. | ☑ (c)(1) | Activities not a duplication of child's day |
| | ☑ (c)(2) | Activities include cognitive, physical, social, emotional needs of the children |
| | ☑ (c)(3) | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| ☑ 143. | (d) | Ratio- 1:15 |
| ☑ 144. | (e) | Group size- max. 30 |
| ☑ 145. | (f) | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent |
| ☑ 146. | (g) | Head teacher approved- 60% |

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

| PROGRAM NAME | Trinity Community Preschool | LICENSE NUMBER | 12474 | DATE OF INSPECTION | 3/12/25 |
|---|---|---|---|---|---|

## RECORD KEEPING 19a-79-5

| | | | |
|---|---|---|---|
| ☑ 36. | (a)(1)(A-C) | | Children's Enrollment information |
| ☑ 37. | | | PARENT PERMISSIONS |
| | ☑ | (a)(1)(D)(i) | Emergency medical permission |
| | ☑ | (a)(1)(D)(ii) | Authorized release permission |
| | ☑ | (a)(1)(D)(iii) | Field trip permission |
| | ☑ | (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 |

## 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. | ☑ | (c) | FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips |
| ☑ 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 |
| ☑ 61. | ☑ | (d) | FIRST AID SUPPLIES-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags |

## PHYSICAL PLANT 19a-79-7a

| | | | |
|---|---|---|---|
| ☑ 62. | (a)(2) | | Fire marshal codes/certificate 8/12/24 |
| ☑ 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. | | | WATER SUPPLY – Public/Well (Schools-N/A) |
| | ☑ | (c)(5)(A) | Lead Water Test – Date: 8/19/24 |
| | ☑ | (c)(5)(B) | Bact./Chem Test-Date: ____ N/A |
| | ☑ | (c)(5)(C) | Drinking water available/accessible |
| ☑ 70. | | | LEAD PAINT - Peeling Paint – Y/N Inside/Outside |
| | ☑ | (c)(6)(A) | Building Pre-78: Y/N Lead Test: Y/N Results no lead identified |
| | ☑ | (c)(6)(B-D) | Lead Management Plan — NA |
| ☑ 71. | (d)(1) | | Emergency vehicle access |

## PHYSICAL PLANT 19a-79-7a cont.

| | | | |
|---|---|---|---|
| ☑ 72. | (d)(2) | | Walkways maintained |
| ☑ 73. | (d)(3) | | Windows protected to prevent falls |
| ☑ 74. | (d)(3) | | Window screens (Schl age only- N/A) |
| ☑ 75. | (d)(4) | | Glass and mirrors protected to 36" |
| ☑ 76. | (d)(5) | | Overhead doors–locking devices, spring protectors N/A |
| ☑ 77. | (d)(6), (f)(3) | | Exits, stairs, hallways unobstructed |
| ☑ 78. | (d)(7) | | Individual storage of clothing/bedding |
| ☑ 79. | (d)(8) | | Smoking or vaping prohibited on premises/grounds |
| ☑ 80. | (d)(8) | | Matches/lighters inaccessible |
| ☑ 81. | (d)(9) | | Electrical safety–outlets inaccessible -covered or protected (Schl age only-N/A) |
| ☑ 82. | | | TOILETING |
| | ☑ | (d)(10)(A) | Shared toilets/sinks–supervision plan |
| | ☑ | (d)(10)(B) | Toileting needs met |
| | ☑ | (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected |
| | ☑ | (d)(10)(C) | Required toilets/sinks–1:16 |
| | ☑ | (d)(10)(D) | Required toilets/sinks–1:25 schl age only |
| | ☑ | (d)(10)(E) | Toileting Supplies–Hand drying-Garbage |
| | ☑ | (d)(10)(E) | Handwashing staff/children |
| | ☑ | (d)(10)(F) | Toilets/sinks located-at the facility or licensed premises |
| | ☑ | (d)(10)(G) | Well lighted/ventilated toilet rooms |
| | ☑ | (d)(10)(H) | Mechanical ventilation (Grp Homes N/A) |
| ☑ 83. | (d)(11) | | Staff personal articles inaccessible |
| ☑ 84. | | | AIR TEMPERATURE |
| | ☑ | (e)(1) | Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A) |
| ☑ 85. | | | |
| | ☑ | (e)(1) | Air temp<65°F comfortable (Schl age only-N/A) |
| | ☑ | (e)(2) | Air temp > 80 °F - ↑ fluids/ventilation |
| ☑ 86. | (e)(3) | | Water temperature 60 °F – 120 °F |
| ☑ 87. | (e)(4) | | Portable space heaters prohibited |
| ☑ 88. | (e)(5) | | Walls/ceilings/floors/rugs-clean/good repair |
| ☑ 89. | (e)(5) | | Rugs- not tripping/slipping hazard |
| ☑ 90. | (e)(6) | | Hot water/Steam pipes protected |
| ☑ 91. | (e)(7) | | Working phone on each level |
| ☑ 92. | (e)(7) | | Emergency numbers posted-adjacent to phones |
| ☑ 93. | (e)(7) | | Parents provided direct on site phone number |
| ☑ 94. | | | LIGHTING |
| | ☑ | (e)(8) | All areas min. 1 foot candle of lighting |
| | ☑ | (e)(9) | Adequate lighting–30/50 candle feet–napping children-sufficient lighting to be visible |
| | ☑ | (e)(9) | Schl age only-lighting for comfort |
| | ☑ | (e)(9) | Light fixtures shielded/shatter proof |
| ☑ 95. | (e)(10) | | Potentially hazardous substances, materials – labeled, inaccessible |
| ☑ 96. | (e)(11) | | Garbage/rubbish-disposed of daily, containers in good repair |
| ☑ 97. | (e)(12) | | Stairs-protected/good repair-handrails |
| ☑ 98. | (e)(13) | | Toxic plants/materials inaccessible |
| ☑ 99. | (e)(14-15) | | Pets or other animals–in good health, written care plan including access to children |
| ☑ 100. | (e)(16) | | Prevention of vermin-openings screened |
| ☑ 101. | (e )(17) | | Radon test- Results: 1.5 N/A Results posted-Date: 11/9/94 (Schls-N/A) |
| ☑ 102. | (e)(18) | | Carbon monoxide detector-each level N/A |
| ☑ 103. | (f)(1)(A) | | Program space-adequate-35 sq. ft. per child |
| ☑ 104. | (g)(1) | | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |
| ☑ 105. | (g)(2) | | Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) |
| ☑ 106. | (g)(3) | | Air conditioners, water heaters, fuse boxes inaccessible |
| ☑ 107. | (g)(4) | | Developmentally app equipment, materials |

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

| PROGRAM NAME | Trinity Community Preschool | LICENSE NUMBER | 12474 | DATE OF INSPECTION | 3/12/25 FM |
|---|---|---|---|---|---|

## NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N

| | | |
|---|---|---|
| ☐ 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 |
| NA | ☐ (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 |

## MONITORING OF DIABETES 19a-79-13 Y/N

| | | |
|---|---|---|
| ☑ 171. | (a)(1) | Written policies and procedures |
| ☐ 172. | | STAFF TRAINING |
| | ☑ (b)(1)(A) | Staff training – first aid |
| | ☑ (b)(1)(B) (i)-(iii) | 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 |
| ☑ 173. | (c)(3) | Self-administration - written authorization and under supervision of trained staff |
| ☑ 174. | (d)(1) | Equipment provided by parents |
| ☑ 175. | (d)(2) | Equipment labeled and inaccessible |
| ☑ 176. | (d)(3) | Signed agreement with parent regarding equipment, supplies, materials to be discarded |
| ☑ 177. | (e)(1) | Authorized prescriber written order |
| ☑ 178. | (e)(2) | Written authorization from parent |
| ☑ 179. | (e)(3) | Testing results and actions taken – documented and kept on file, ensure parents are notified daily |

## ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

| | | |
|---|---|---|
| ☑ 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 N/A |

## ADDITIONAL VIOLATION

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

## DISCUSSIONS - COMMENTS

1) All items checked off were either observed or discussed
2) Policies checklist provided program is to immediately update all policies to include new component from new regulations dated oct 2024.
3) All staff must complete health and safety training by 4/1/25. All new hires moving forward must complete within 3 months..
4) Discussed new regulations
5) Program has over 1 year old's in program no infants

| SIGNATURE OF OEC STAFF | R Montanye | SIGNATURE OF PERSON IN CHARGE | Sharon Culbertson |
|---|---|---|---|
| PRINTED NAME | R Montanye | PRINTED NAME | Sharon Culbertson |

**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**: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 3/26/25

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Trinity Community Preschool License # 12474 Date: 3/12/25

Observations/Corrections needed:

Discussion continued

- outdoor log cabin with crack in doorway
- one child with immunization catch up schedule with one vaccine in which "refused" is documented no documentation of medical exemption

Violations: Program not in compliance with:

FM ~~#55(i)(2)(A-H) with agreements for consultants. when the health consultant agreement does not have required new duties per new regulations dated Oct 2024~~

#111(h)(4) when protruding screws were observed through out on outdoor fence (corner posts and gates)

**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: fl Montanye *(OEC Representative)*

Print Name: fl Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/26/25

Signature: Sharon Culbertson *(Person in Charge)*

Print Name: Sharon Culbertson