

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

Trinity College Comm. Child Center - Campus Care	5/15/25	10:25 am
300 Summit St.	14076	3/31/26
Hartford, Ct 06106	860-297-5374	Open
Trinity College Community Child Center	# of Staff Present: 4	# over 3 Present: 19
admin@tc4.org	Total Capacity: 38	Total Under 3 capacity: —
Kybi Sigmann		Ages Served: 3 years - 5 years
		M-F 7:30 - 5:30 pm

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

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 4/26/24	<input type="checkbox"/> 19.	(a)(1)	Staff health records
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a.	(b)(2)	Past employment history
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2)	Designated head teacher—approved-60%
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present—age 18 or older
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 27.	(d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11.	(d)(2)(A)	POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> 12.	(d)(2)(B)(C)	Discipline policy	<input checked="" type="checkbox"/> 29.	(d)(6)	Mixed age group
<input checked="" type="checkbox"/> 13.	(d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 30.	(d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> 14.	(d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 31.	(d)(5)	Supervision—Indoors/Outdoors
<input checked="" type="checkbox"/> 15.	(d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 32.	(d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33.	(d)(5)(B)	Group Size—Indoors/Outdoors
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy	<input checked="" type="checkbox"/> 34.	(e)(1)	Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies	<input checked="" type="checkbox"/> 35.	(f)(1)	Mixed age group—group size
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> 36.	(f)(2)	Designated director—training
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies	<input checked="" type="checkbox"/> 37.	(a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 38.	(b)(1)	First aid certified program staff
<input checked="" type="checkbox"/> 22.	(f)	ACCESS	<input checked="" type="checkbox"/> 39.	(h)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 23.	(h)	Immediate access by parents	<input checked="" type="checkbox"/> 40.	(4)(C)(ii-v)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 24.	(l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 41.	(4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 25.	(m)	2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 42.	(e)(6)	1% annual hours
<input checked="" type="checkbox"/> 26.	(n)	Motor vehicle laws—transportation	<input checked="" type="checkbox"/> 43.	(e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 27.	(o)	Capacity	<input checked="" type="checkbox"/> 44.	(i)(1)(A)-(D)	Swimming-Ratios
<input checked="" type="checkbox"/> 28.	(o)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 45.	(i)(2)(A-H)	Non-swimmers identified
<input checked="" type="checkbox"/> 29.	3a(e)(1)	POSTINGS	<input checked="" type="checkbox"/> 46.	(F)	CPR certified staff—age 20 or older
<input checked="" type="checkbox"/> 30.	3a(e)(2)	License posted	<input checked="" type="checkbox"/> 47.	(i)(2)	Lifeguard—certified—supervising
<input checked="" type="checkbox"/> 31.	3a(d)(6)(C)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 48.	(H)(i)-(I)(i)	CONSULTANTS
<input checked="" type="checkbox"/> 32.	3a(e)(3)	Administrative Oversight policy	<input checked="" type="checkbox"/> 49.		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 33.	3a(e)(4)	Menus posted	<input checked="" type="checkbox"/> 50.		Consultant agreements—signed annually—agreements complete w/required services
<input checked="" type="checkbox"/> 34.	3a(e)(5)	No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 51.		Consultant logs—documented activities, observations and required services
<input checked="" type="checkbox"/> 35.	3a(e)(6)	OEC Inspection report posted or available	<input checked="" type="checkbox"/> 52.		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 36.	7a(e)(17)	Dev. Milestones posted	<input checked="" type="checkbox"/> 53.		
<input checked="" type="checkbox"/> 37.	10(g)(8)	Radon Test posted (Schls-N/A)	<input checked="" type="checkbox"/> 54.		
<input checked="" type="checkbox"/> 38.		Safe Sleep policy posted	<input checked="" type="checkbox"/> 55.		

	Contracts	Logs	Visits
Education	✓	✓	
Health	✓	✓	✓
Soc. Serv.	✓	✓	
Dietitian			

PROGRAM NAME: TRINITY COLLEGE COMM. CENTER
CAMDEN CAMP

LICENSE NUMBER: 14076

INSPECTION DATE: 5/15/25

RECORD KEEPING 19a-79-6a

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
	(a)(1)(D)(ii)	Emergency medical permission
	(a)(1)(D)(iii)	Authorized release permission
	(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"/> 71.	(d)(1)	Emergency vehicle access
<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
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 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 and bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	SMOKING
	(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 81.	(d)(9)	Matches/lighters inaccessible
	(d)(9)	Electrical safety - outlets inaccessible - covered or protected

HEALTH and SAFETY 19a-79-6a

PHYSICAL PLANT 19a-79-7a cont.

<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 <u>4/26/24</u> (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (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
	(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
	(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> 82.	(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)(E)	Toileting Supplies-Hand drying-Garbage
	(d)(10)(E)	Handwashing staff/children
	(d)(10)(F)	Toilets/sinks located at the facility
	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 83.	(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 84.	(d)(11)	Staff personal articles inaccessible
	(e)(1)	AIR TEMPERATURE
	(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 86.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 87.	(e)(4)	WALLS/CEILINGS/FLOORS/RUGS
<input checked="" type="checkbox"/> 88.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	(e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/> 90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 91.	(e)(6)	TELEPHONE/TELEPHONE NUMBERS
	(e)(7)	Working phone on each level
	(e)(7)	Emergency numbers posted-adjacent to phones
	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 94.	(e)(7)	LIGHTING
	(e)(8)	All areas min. 1 foot candle of lighting
	(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
	(e)(9)	Enough lighting for comfort
	(e)(9)	Light fixtures shielded/shatter proof
	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 95.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 96.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 97.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 98.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 99.	(e)(14-15)	Measures to prevent vermin
<input checked="" type="checkbox"/> 100.	(e)(16)	Radon test- Results: <u>0.6</u> (Schls-N/A)
<input checked="" type="checkbox"/> 101.	(e)(17)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 102.	(e)(18)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 104.	(g)(1)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 105.	(g)(2)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 106.	(g)(3)	Developmentally app equipment, materials
<input checked="" type="checkbox"/> 107.	(g)(4)	

PHYSICAL PLANT 19a-79-7a

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>1/19/24</u>
<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
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (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)
	(c)(5)(B)	Lead Water Test - Date: <u>10/29/24</u>
	(c)(5)(C)	Bact./Chem Test-Date: <u>(N/A)</u>
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	Drinking water available/accessible
	(c)(6)(A)	LEAD PAINT - Building Pre-78: Y <input checked="" type="checkbox"/> Lead Test: Y <input checked="" type="checkbox"/>
	(c)(6)(B-D)	Results _____ Lead Management Plan _____
		Peeling Paint - Y <input checked="" type="checkbox"/> Inside/Outside

<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

PROGRAM NAME: Trinity College Comm Center Campus Care NUMBER: 14075 INSPECTION: 5/15/25

PHYSICAL PLANT 19a-79-10a **UNDER THREE ENDORSEMENT 19a-79-10 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/FENCED
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
 - (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 (N/A)
 - (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

- 128. (e)(2) DIAPERING cont.
 - (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
- 129. (f)(1) CLOTHES/CLOTHING
 - (f)(2) Linens/emergency clothing available
 - (f)(3) Linens washed weekly or as needed
 - (f)(4) Linens/clothing stored individually
- 130. (g)(1) CRIBS/COTS
 - (g)(1) Cribs/cots cleaned-linens changed when shared
 - (g)(1) SAFE SLEEP
 - Under 12 mths placed on back for sleeping
 - Crib-slug 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 - parents informed
 - (g)(2) TOYS AND OTHER OBJECTS
 - 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
 - (g)(3) 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)
 - (g)(4) Outdoor equipment-developmentally appropriate for ages of the children
 - (g)(5) Shock ab materials less than 1 1/4" -or measures in place to ensure their health & safety
 - (g)(6)
 - (g)(7)
 - (g)(8)
- 131. (h)(1)
- 135. (i)(1)(2A-C)
- 136. (j)
- 137. (k)(1)
- 138. (l)(1)
- 139. (l)(2)

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 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, moderate and vigorous physical activity that takes place outdoors
 - (b) Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

- 131. (h)(1)
- 135. (i)(1)(2A-C)
- 136. (j)
- 137. (k)(1)
- 138. (l)(1)
- 139. (l)(2)

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-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
- 120. (c)(4) Physical barriers separating each group of children- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(A-iii) Cribs/Pack-n-Plays -in compliance w/CPSC
- 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. (e)(1) DIAPERING
 - Diaper area: elevated/sturdy/safety rail

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

- 140. (b) Approved Schl Age Endorsement
- 141. (c) SCHEDULE - ACTIVITIES
 - (c) Written daily program plan-flexible schedule- available to staff/parents
 - (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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: TRINITY COLLEGE COMMUNITY CARE CAMBRIA CARE
LICENSE NUMBER: 14076
DATE OF INSPECTION: 5/15/25

SCHOOL AGE ENDORSEMENT 19a-79-11 **MONITORING OF DIABETES 19a-79-13**

145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 146. (g) Designated Head teacher approved- 60%

NIGHT CARE ENDORSEMENT 19a-79-12 (applicable)

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
 (i)-(iii)
 (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. Equipment provided by parents
 174. (d)(1) 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

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

DISCUSSIONS/COMMENTS
 "Policy review checklist provided during inspection highlighting changes to the child care center regulations, effective October 16 2024. Program must ensure policies are updated to reflect new requirements."
 NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff:

Printed Name: Johanne Dalo

Signature of person in charge:

Printed Name: Jennifer Church

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: 5/29/25
CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Trinity College Comm License # 14076 Date: 5/15/25
Child Center - Campus Care

Observations/Corrections needed:

All items were observed and/or discussed.

→ Regulation was not in compliance when...

19(a)(1): Observed 1 staff without a current health records.

35(i)(2)(A-H): Observed 3 consultant agreements without required services.

Discussion:

→ 1 shelf not secured.

→ radiator in child bathroom starting to rust.

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: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/29/25

Signature: [Signature]
(Person in Charge)
Print Name: Jennifer Church