☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☑ Investigation ☐ Other_____

# SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bethany Lutheran Nursery School Date: 10/1/21 Time: 10:22am

Location Address: 50 Court Street Cromwell, CT 06416 Telephone #: (860) 632-0597

e-mail address: blpscromwell@gmail.com License #: 12461 Expiration Date: 11/31/2025

Capacity: 40 # of Children Present: 34 # of Staff Present: 4

| | |
|---|---|
| ***Consent to Inspect Family Child Care Home*** | *I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.* ***Provider/Applicant/Substitute's Signature*** N/A |

Purpose of visit: Complaint Investigation Case # 2021-676

Observations/Corrections needed:

(NS) 19a-79-3a(b)(8)(A): Administration - Managing child behavior - Insufficient evidence to substantiate that staff fail to manage child behavior using techniques based on developmentally appropriate practice.

(NS) 19a-79-3a(d)(7): Administration - General operating ~~policy~~ policies - Did not observe policy stating a duration of outdoor play. Per staff, outdoor play occurs daily, weather permitting.

(S) 19a-79-5a(a)(3): Record Keeping - Injury, illness and accident reports - Did not observe a written record of an injury sustained by a child at the program.

(NS) 19a-79-4a(c)(4)(D): Staffing - Supervision - Insufficient evidence to substantiate that staff fail to assure the supervision of children at all times

**S = Substantiated** **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/15/2021

Signature: Stephanie Pia (OEC Representative)

Print Name: Stephanie Pia

Signature: Robin Scotti (Person in Charge)

Print Name: Robin Scotti