

**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:	Bethany Lutheran Nursery School	Date of Inspection:	12.12.24	Time of Arrival:	9:30 am
Address:	50 Court St.	License Number:	12461	Expiration Date:	1/31/29
Town:	Cromwell 06416	Telephone Number:	860-632-0597	Summer Care:	closed
Operator:	Bethany Lutheran Church	# of Staff Present:	5	# over 3 Present:	28
Email:	blpsromwell@gmail.com	Total Capacity:	40	Total Under 3 capacity:	0
Designated Director:	Terri Camilleri	Hours/Days of Operation:	M,T,Th 9:00 am to 3:00 W,F 9:00-12:00		

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: 1/31/24

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. | | <u>POLICIES-COMplete/IMPLEMENTED</u> |
| | ✓ (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. | | <u>ACCESS</u> |
| | ✓ (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. | | <u>POSTINGS</u> |
| | ✓ (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 |

- | | | |
|-------|-----------------|---|
| ✓ 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. | | <u>RATIOS</u> |
| | ✓ (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. | | <u>GROUP SIZE</u> |
| | ✓ (d)(5) | Group Size-Indoors/Outdoors |
| | ✓ (d)(5)(A) | Group Size-school age field trips/outdoors |
| | ✓ (d)(5)(B) | Mixed age group-group size |
| | (e)(1) | Designated director-training |
| ✓ 30. | (f)(1) | CPR certified program staff |
| ✓ 31. | (f)(2) | First aid certified program staff |
| ✓ 32. | | <u>PROFESSIONAL DEVELOPMENT</u> |
| ✓ 33. | ✓ (a)(2) | Documentation |
| | ✓ (h)(1)(2) | Health & Safety training ★ |
| | ✓ (h)(1)(2) | 1% annual hours |
| ✓ 34. | | <u>SWIMMING ACTIVITIES - Y(N)</u> |
| | ✓ (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. | | <u>CONSULTANTS</u> ★ |
| | ✓ (i)(1)(A)-(D) | Consultants-Education, Health, Social Service, Dietitian (N/A) |
| | ✓ (i) | Consultant agreements-signed annually |
| | ✓ (i)(2)(A-H) | Agreements complete w/required services |
| | ✓ (F) | Consultant logs-documented activities, observations and required services |
| | ✓ (i)(2) | Consultant visits- Education/Health |
| | (H)(i)-(l)(i) | |

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	n/a	n/a	

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

PROGRAM NAME		Bethany Lutheran Nursery School	LICENSE NUMBER	12461	DATE OF INSPECTION	12.12.24
RECORD KEEPING 19a-79-5			PHYSICAL PLANT 19a-79-7a cont.			
☒ 36. (a)(1)(A-C) Children's Enrollment information ☒ 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 ☒ (a)(2)(A-B) Transportation permission ☒ 38. (a)(2)(C) Child Health Records ☒ 39. (a)(2)(E) Immunization records ☒ 40. (a)(3)(A) Individual care plan-signed by parents/staff ☒ 41. (a)(3)(B) Injury, Illness, Incident, Accident reports ☒ 42. (a)(3)(C)(i-ii) Parent notification of illness or injury ★ ☒ 43. (a)(3)(D) Notify OEC of serious injuries, fatality ☒ 44. (a)(4) Notify DPH, local health-reportable diseases ☒ 45. (a)(4) Video recordings- keep 30 days ★	☒ 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. <u>TOILETING</u> ☒ (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) ☒ (d)(11) Staff personal articles inaccessible ★ <u>AIR TEMPERATURE</u> ☒ (e)(1) Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A) ☒ (e)(1) Air temp <65°F comfortable (Schl age only-N/A) ☒ (e)(2) Air temp > 80 °F - ↑ fluids/ventilation ☒ (e)(3) Water temperature 60 °F – 120 °F ☒ (e)(4) Portable space heaters prohibited ☒ (e)(5) Walls/ceilings/floors/rugs-clean/good repair ☒ (e)(5) Rugs- not tripping/slipping hazard ☒ (e)(6) Hot water/Steam pipes protected ☒ (e)(7) Working phone on each level ☒ (e)(7) Emergency numbers posted-adjacent to phones ☒ (e)(7) Parents provided direct on site phone number <u>LIGHTING</u> ☒ (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)(10) Light fixtures shielded/shatter proof ☒ (e)(11) Potentially hazardous substances, materials – labeled, inaccessible ☒ (e)(12) Garbage/rubbish-disposed of daily, containers in good repair ☒ (e)(13) Stairs-protected/good repair-handrails ☒ (e)(14-15) Toxic plants/materials inaccessible ☒ (e)(16) Pets or other animals-in good health, written care plan including access to children ☒ (e)(17) Prevention of vermin-openings screened ☒ (e)(18) Radon test- Results: <u>11/10/08</u> N/A ☒ (f)(1)(A) Results posted-Date: <u>1.2</u> (Schls-N/A) ☒ (g)(1) Carbon monoxide detector-each level N/A ☒ (g)(2) Program space-adequate-35 sq. ft. per child ☒ (g)(3) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust ☒ (g)(4) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) ☒ (g)(4) Air conditioners, water heaters, fuse boxes inaccessible ☒ (g)(4) Developmentally app equipment, materials					
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 <u>N/A</u> ☒ 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) <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips ☒ 60. ☒ (c) <u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier ☒ 61. ☒ (d) <u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags						
PHYSICAL PLANT 19a-79-7a						
☒ 62. (a)(2) Fire marshal codes/certificate <u>1126124</u> ☒ 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. <u>WATER SUPPLY</u> – Public/Well (Schools-N/A) ☒ (c)(5)(A) Lead Water Test – Date: <u>8/15/24</u> ☒ (c)(5)(B) Bact./Chem Test-Date: <u>n/a</u> N/A ☒ (c)(5)(C) Drinking water available/accessibile ☒ 70. <u>LEAD PAINT</u> - ☒ (c)(6)(A) Peeling Paint – Y(N) Inside/Outside ☒ (c)(6)(A) Building Pre-78: Y(N) Lead Test: Y(N) ☒ (c)(6)(B-D) Results _____ ☒ (c)(6)(B-D) Lead Management Plan <u>n/a</u> ☒ 71. (d)(1) Emergency vehicle access	☒ 95. (e)(10) ☒ 96. (e)(11) ☒ 97. (e)(12) ☒ 98. (e)(13) ☒ 99. (e)(14-15) ☒ 100. (e)(16) ☒ 101. (e)(17) ☒ 102. (e)(18) ☒ 103. (f)(1)(A) ☒ 104. (g)(1) ☒ 105. (g)(2) ☒ 106. (g)(3) ☒ 107. (g)(4)					

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

PROGRAM NAME		Bethany Lutheran Nursery School	LICENSE NUMBER	12461	DATE OF INSPECTION	12.12.24
PHYSICAL PLANT 19a-79-7a cont.			UNDER THREE ENDORSEMENT 19a-79-10 cont.			
☒ 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	☐ 129.	☐ (f)(1)	LINENS/CLOTHING	
☒ 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around ★		☐ (f)(2)	Linens/emergency clothing available	
☒ 110.	(j)	No weapons/no facsimile of a firearm		☐ (f)(3)	Linens washed weekly or as needed	
☒ 111.		<u>OUTDOOR SPACE</u>	☐ 130.	☐ (f)(4)	Linens/clothing stored individually	
	☒ (h)(1)	Adequate space- 75 sq. ft. per child		☐ (g)(1)	Cribs/cots cleaned-linens changed when shared	
	☒ (h)(2)	Shock absorbing surfaces-minimum 8"		☐ (g)(1)	<u>SAFE SLEEP</u>	
	☒ (h)(3)	Playground free from hazards		☐ (g)(1)	Under 12 mths placed on back for sleeping	
	☒ (h)(4)	Nuts, bolts, screws-tight, covered/protected		☐ (g)(2)	Crib-snug fitting mattress/tightly fitted sheet	
	☒ (h)(5)	Outside equipment anchored-anchors buried		☐ (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file	
	☒ (h)(6)	New equip- cert play. Inspection upon request		☐ (g)(4)	Infants allowed to adopt other sleep positions	
	☒ (h)(8)	Drinking water available/accessible		☐ (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles	
	☒ (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		☐ (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.	
☒ 112.		<u>OUTDOOR PROTECTED/FENCING</u>		☐ (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes	
	☒ (h)(7)	Playground protected from traffic, water, gullies or other hazards		☐ (g)(8)	Observe/assess infants at least every 15 minutes	
☒ 113.	☒ (h)(7)(A)	Fences installed to protect from hazards-4 ft	☐ 131.	☐ (h)(1)	Teething necklaces/bracelets, jewelry inaccessible	
	☒ (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	☐ 132.	☐ (h)(1)	Safe sleep policies posted/parents informed	
	☒ (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A	☐ 133.	☐ (h)(2)	Infant toys-separate/washed/sanitized daily	
☒ 114.		<u>WATER HAZARDS</u>	☐ 134.	☐ (h)(2)	Toddler toys-washed/sanitized weekly	
	☒ (i)	Pools, swimming areas- N/A			No toys/objects less than 1 ¼ " diameter	
	☒ (i)	conforms to 19-13-B33b and 19a-36-B61	☐ 135.	(i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision	
	☒ (i)	Wading pools prohibited	☐ 136.		Health consultant visits/documentation	
	☒ (i)	Hot tubs/spas/saunas-locked/inaccessible N/A		☐ (j)	<u>FEEDING</u>	
<u>EDUCATIONAL REQUIREMENTS 19a-79-8a ★</u>				☐ (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle	
☒ 115.	(a)	Written daily/weekly educational plan-developmentally appropriate		☐ (k)(2)	Written feeding schedule from parent-updated	
☒ 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>		☐ (k)(3)	Unused formula/milk discarded after feedings	
	☒ (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	☐ 137.	☐ (k)(4)	Clean bottles/disposable bottles/appvd washing	
	☒ (b)	Limited access to screen time/video games ★	☐ 138.	☐ (k)(5)	Baby food served from dish or whole jar	
<u>UNDER THREE ENDORSEMENT 19a-79-10 Y/N</u>			☐ 139.	(l)(1)	Bottles labeled with child's name	
☐ 117.	(b)	Approved Under 3 Endorsement		(l)(2)	Outdoor spaced fenced-4 ft lic. after 1/1/25	
☐ 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)		(l)(3)	Outdoor equipment-developmentally appropriate for ages of the children	
☐ 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)			Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety	
☐ 120.	(c)(4)	Physical barriers- indoors/outdoors	<u>SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N</u>			
☐ 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	☐ 140.	(b)	Approved Schl Age Endorsement	
☐ 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	☐ 141.	☐ (c)	<u>SCHEDULE - ACTIVITIES</u>	
☐ 123.	(d)(2)(B)	Washable cots	☐ 142.	☐ (c)(1)	Written daily program plan-flexible schedule-available to staff/parents	
☐ 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray		☐ (c)(2)	Activities not a duplication of child's day	
☐ 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	☐ 143.	☐ (c)(3)	Activities include cognitive, physical, social, emotional needs of the children	
☐ 126.	(d)(2)(E)	Refrigerator and food prep facilities	☐ 144.		Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	
☐ 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free	☐ 145.	(d)	Ratio- 1:15	
☐ 128.		<u>DIAPERING</u>		(e)	Group size- max. 30	
	☐ (e)(1)	Diaper area: elevated/sturdy/safety rail	☐ 146.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	
	☐ (e)(2)	Diaper area: used only for this purpose, located in the program area		(g)	Head teacher approved- 60%	
	☐ (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				

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

PROGRAM NAME	Bethany Lutheran Nursery School	LICENSE NUMBER	12461	DATE OF INSPECTION	12.12.24
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N			MONITORING OF DIABETES 19a-79-13 Y/N		
☐ 147.	(b)	Approved Night Care Endorsement	☐ 171.	(a)(1)	Written policies and procedures
☐ 148.	(b)(1)	Person in charge-head teacher	☐ 172.		<u>STAFF TRAINING</u>
☐ 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	☐ (b)(1)(A)		Staff training – first aid
☐ 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	☐ (b)(1)(B)		Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
☐ 151.	(b)(4)	Children in care no more than 12 hrs. in 24	☐ (b)(2)		Training updated at least every 3 years
☐ 152.	(b)(5)	Staff awake and available	☐ (b)(3)		Written documentation of training
☐ 153.		<u>SLEEP PROVISIONS</u>	☐ (c)(2)		Trained staff on site when child is present
☐ (b)(6)		Individual cot/crib with bedding	☐ 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
☐ (b)(6)(A)		Sleeping apparel/toiletries labeled	☐ 174.	(d)(1)	Equipment provided by parents
☐ (b)(6)(B)		Required bedding	☐ 175.	(d)(2)	Equipment labeled and inaccessible
☐ (b)(6)(C)		Required toiletries	☐ 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
☐ (b)(6)(D)		Bedding/sleeping apparel laundered weekly	☐ 177.	(e)(1)	Authorized prescriber written order
☐ (b)(7)		Sleep arrangements for infants	☐ 178.	(e)(2)	Written authorization from parent
☐ 154.	(b)(8)	Air temp 65 °F at 3 ft	☐ 179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
☐ 155.	(b)(9)	Fire marshal approval-hours specified			
☐ 156.	(b)(10)	Local health approval			

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N			ADDITIONAL VIOLATION		
☒ 157.	(9a)	Written medication policies/procedures	☐ 180.	- n/a	Consent Order/Negotiated Corrective Action Plan conditions N/A
☒ 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			
☒ 159.		<u>NONPRESC. TOPICAL MEDICATION</u>			
☒ (a)(2)		Admin/Parent permission/report errors			
☒ (a)(3)(A-B)		Labeling and Storage			
☒ (a)(3)(C)		Unused/expired meds destroyed/returned			
☒ 160.		<u>MEDICATION TRAINING</u>			
☒ (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			

DISCUSSIONS - COMMENTS

★ - New regulations discussed policies to be updated. Policy review checklist provided.

consultant contracts to be updated with additional duties - January 2025.

SIGNATURE OF OEC STAFF	Betty mayer	SIGNATURE OF PERSON IN CHARGE	Terri L. Camilleri
PRINTED NAME	Betty Mayer	PRINTED NAME	Terri L. Camilleri

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:

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bethany Nursery School License # 12461 Date: 12.12.24

Observations/Corrections needed:

#40 care plan for one child with epipen and benadryl not observed.

#161 Medication authorization for one child missing parent signature. One medication authorization for child with benadryl not 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: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/26/24

Signature: Terri L. Camilleri
(Person in Charge)

Print Name: Terri L. Camilleri