

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

Quaker Lane Coop Nursery School	4/11/25	905am
144 Quaker Ln S	12306	2/28/29
West Hartford, CT 06119	860 523 9550	Closed
Quaker Lane Coop Nursery School Inc	# of Staff Present: 4	# over 3 Present: 27
Tracy.dalyzz@gmail.com	Total Capacity: 35	Total Under 3 capacity: 0
Tracy Daly		# under 3 Present: 0
		Ages Served: 3-5yrs
		M-F 9am-1pm

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

ENR	STAFFING	STAFFING	STAFFING
(c)(8)	Local Health Inspection-Date: 4/7/25	19. <input checked="" type="checkbox"/> (a)(1)	Staff health records
(a)	Ensuring health & safety of children	20. <input checked="" type="checkbox"/> (a)(3)	Disciplinary actions
(b)	Overall management of program	21. <input checked="" type="checkbox"/> (b)	Comprehensive Background Checks
(b)(6)	Employee orientation for new program staff	21a. <input checked="" type="checkbox"/> (b)(2)	Past employment history
(b)(6)	Annual policy training for program staff	22. <input checked="" type="checkbox"/> (b)(4)	Evidence of compliance with bknd cks/history
(b)(7)(A)	Child behavior management	23. <input checked="" type="checkbox"/> (d)	Adequate staffing
(b)(7)(B)	Documentation that parents were informed of behavior management techniques	24. <input checked="" type="checkbox"/> (d)(1)-(e)(2)	Designated head teacher-approved-60%
(b)(7)(C)	Child Protection	25. <input checked="" type="checkbox"/> (d)(2)	Two staff present-age 18 or older
(b)(7)(E)	Mandated Reporting	26. <input checked="" type="checkbox"/> (d)(3)(A-C)	Personal qualities of staff
(c)(1-4)	Notification of Change	27. <input checked="" type="checkbox"/> (d)(4)(A)	RATIOS
	POLICIES-COMLETE/IMPLEMENTED	28. <input checked="" type="checkbox"/> (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy	29. <input checked="" type="checkbox"/> (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy	30. <input checked="" type="checkbox"/> (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(3)	Closing time policy	31. <input checked="" type="checkbox"/> (d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy	32. <input checked="" type="checkbox"/> (d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	33. <input checked="" type="checkbox"/> (d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)	Supervision policy	34. <input checked="" type="checkbox"/> (e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6)	General Operating policies	35. <input checked="" type="checkbox"/> (f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy	36. <input checked="" type="checkbox"/> (f)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(7)	Personnel policies	37. <input checked="" type="checkbox"/> (a)(2)	CPR certified program staff
(d)(1)	Daily attendance-children/staff- keep 1 yr.	38. <input checked="" type="checkbox"/> (b)(1)	First aid certified program staff
<input checked="" type="checkbox"/> (f)	ACCESS	39. <input checked="" type="checkbox"/> (b)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (h)	Immediate access by parents	40. <input checked="" type="checkbox"/> (4)(C)(ii-v)	Documentation of prof. dev/trainings
(l)	Immediate access by OEC-facility/records	41. <input checked="" type="checkbox"/> (4)(C)(i)	Health & Safety training
(m)	2.8 yr olds in prek-authorization	42. <input checked="" type="checkbox"/> (e)(6)	1% annual hours
(n)	Motor vehicle laws-transportation	43. <input checked="" type="checkbox"/> (e)(6)	SWIMMING ACTIVITIES - Y/N
(o)	Capacity	44. <input checked="" type="checkbox"/> (i)(1)(A)-(D)	Swimming-Ratios
	Respond to OEC-no false, misleading statements or documents	45. <input checked="" type="checkbox"/> (i) - (i)(2)(A-H)	Non-swimmers identified
	POSTINGS	46. <input checked="" type="checkbox"/> (F)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 3a(e)(1)	License posted	47. <input checked="" type="checkbox"/> (i)(2)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted	48. <input checked="" type="checkbox"/> (H)(i)-(I)(i)	CONSULTANTS
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight policy		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/)
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted		Consultant agreements-signed annually-agreements complete w/required servi
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 3a(e)(6)	Dev. Milestones posted		Contracts Logs Visits
<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted		Education 0 0 0
<input checked="" type="checkbox"/> 10(g)(8)	Safe Sleep policy posted		Health 0 0 0
	(Schls-N/A)		Soc. Serv. 0 0 0
			Dietitian 0 0 0

Sua Kerlane Coop Nursery

12306

4/11/25

- 16. (a)(1)(A-C)
- 17. (a)(1)(D)(i)
- 17. (a)(1)(D)(ii)
- 17. (a)(1)(D)(iii)
- 17. (a)(1)(D)(iv)
- 18. (a)(2)(A-B)
- 19. (a)(2)(C)
- 20. (a)(2)(E)
- 21. (a)(3)(A)
- 22. (a)(3)(B)
- 23. (a)(3)(C)(i-ii)
- 24. (a)(3)(D)
- 25. (a)(4)

Children's Enrollment information
PARENT PERMISSIONS
 Emergency medical permission
 Authorized release permission
 Field trip permission
 Transportation permission
 Child Health Records
 Immunization records
 Individual care plan-signed by parents/staff
 Injury, Illness, Incident, Accident reports
 Parent notification of illness or injury
 Notify OEC of serious injuries, fatality
 Notify DPH, local health-reportable diseases
 Video recordings- keep 30 days

- 71. (d)(1)
- 72. (d)(2)
- 73. (d)(3)
- 74. (d)(3)
- 75. (d)(4)
- 76. (d)(5)
- 77. (d)(6), (f)(3)
- 78. (d)(7)
- 79.
- 81. (d)(8)
- 82. (d)(9)

Emergency vehicle access
 Walkways maintained
 Windows protected to prevent falls
 Window screens
 Glass/mirrors protected- 36"
 Overhead doors-locking devices, spring protectors (N/A)
 Exits, stairs, hallways unobstructed
 Individual storage of clothing and bedding
SMOKING
 Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
 Matches/lighters inaccessible
 Electrical safety - outlets inaccessible - covered or protected

HEALTH AND SAFETY 19-78

- 16. (a)(1)
- 17. (a)(2)
- 18. (a)(3)
- 19. (a)(4)
- 20. (a)(5)
- 21. (a)(6)
- 22. (a)(7)
- 23. (a)(8)
- 24. (a)(9)
- 25. (a)(10)
- 26. (a)(11)
- 27. (b)(1)
- 28. (b)(2)
- 29. (c)
- 30. (c)
- 31. (d)

Preparation, transportation of food-follow DPH Model Food Code (N/A)
 Nutritious meals and snacks
 Proper refrigeration-41 degrees
 Menus-1 wk in advance- keep 3 mths
 Food Service Inspection (N/A)
 Kitchen-clean/safe storage of food/supplies(N/A)
 Separate hand washing facilities
 Multi-use eating/drinking utensils (N/A)
 Kitchen separated
 Children supervised during meal prep
 Handwashing-staff/children
 Illness procedures-staff knowledgeable, children observed for signs/symptoms
 Designated isolation area
FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
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
FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

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- 107.

TOILETING
 Shared toilets/sinks-supervision plan
 Toileting needs met
 Potty chairs-nonporous, emptied, disinfecte
 Required toilets/sinks-1:16
 Toileting Supplies-Hand drying-Garbage
 Handwashing staff/children
 Toilets/sinks located at the facility
 Well lighted/ventilated toilet rooms
 Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
 Staff personal articles inaccessible
AIR TEMPERATURE
 Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
 Air temp > 80 °F - ↑ fluids/ventilation
 Water temperature 60°F-120°F
 Portable space heaters prohibited
WALLS/CEILINGS/FLOORS/RUGS
 Walls/ceilings/floors/rugs-clean/good repair
 Rugs- not a tripping/slipping hazard
 Hot water/Steam pipes protected
TELEPHONE/TELEPHONE NUMBERS
 Working phone on each level
 Emergency numbers posted-adjacent to phone
 Parents provided direct on site phone number
LIGHTING
 All areas min. 1 foot candle of lighting
 Adequate lighting-30/50 candle feet-sufficient lighting to be visible
 Enough lighting for comfort
 Light fixtures shielded/shatter proof
 Potentially hazardous substances, materials labeled, inaccessible
 Garbage/rubbish-disposed of daily, containers in good repair
 Stairs-protected/good repair-handrails
 Toxic plants/materials inaccessible
 Pets or other animals-in good health, welfare care plan including access to children
 Measures to prevent vermin
 Radon test- Results: 2 (Sch
 Carbon monoxide detector-each level
 Program space-adequate-35 sq. ft. per child
 Equipment-clean and safe, good repair
 non-toxic-sturdy, free from protruding nails, free from rust
 Adequate equipment for rest-cleaned (Grp Homes only-mats/sleeping bags)
 Air conditioners/water heaters/fuse inaccessible
 Developmentally appropriate equipment, materials

PHYSICAL PLANT 19-79-7a

- 62. (a)(2)
- 63. (b)
- 64. (b)(1)-(5)
- 65. (b)(6)
- 66. (c)(2)
- 67. (c)(3)
- 68. (c)(4)
- 69. (c)(5)(A)
- 69. (c)(5)(B)
- 69. (c)(5)(C)
- 70. (c)(6)(A)
- 71. (c)(6)(B-D)

Fire marshal codes/certificate 4/25/24
 Indoor/Outdoor space inspected/approved
 Construction/expansion/renovation/conversion
 Space not inspected/approved but used for field trips-written parent permission
 Licensed premises-clean, good repair, hazard free, maintenance program
 Building/Equipment/Furnishings-sanitary, hazard free (N/A)
 Testing of premises/grounds for chemicals
WATER SUPPLY -Public/Well (Schools-N/A)
 Lead Water Test - Date: 12/26/24 (N/A)
 Bact./Chem Test-Date: _____
 Drinking water available/accessible
LEAD PAINT -
 Building Pre-78: Y/N Lead Test: Y/N
 Results _____
 Lead Management Plan 2 times a year
 Peeling Paint - Y(N) Inside/Outside

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- 96.
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- 107.

(e)(10)
 (e)(11)
 (e)(12)
 (e)(13)
 (e)(14-15)
 (e)(16)
 (e)(17)
 (e)(18)
 (f)(1)(A)
 (g)(1)
 (g)(2)
 (g)(3)
 (g)(4)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: Quaker Lane COOP NURSERY

SCHOOL AGE ENDORSEMENT 19-25-13

INSPECTION NUMBER: 12206
 INSPECTION DATE: 4/11/25

145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
146. (g)	Designated Head teacher approved- 60%
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. (b)(6)	SLEEP PROVISIONS
(b)(6)(A)	Individual cot/crib with bedding
(b)(6)(B)	Sleeping apparel/toiletries labeled
(b)(6)(C)	Required bedding
(b)(6)(D)	Required toiletries
(b)(6)(E)	Bedding/sleeping apparel laundered weekly
(b)(6)(F)	Sleep arrangements for infants
54. (b)(8)	Air temp 65 °F at 3 ft
55. (b)(9)	Fire marshal approval-hours specified
56. (b)(10)	Local health approval

171. (a)(1)	Written policies and procedures STAFF TRAINING Staff training - first aid Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken - documented and kept on file, ensure parents are notified daily
172. (b)(1)(A)	
(b)(1)(B)	
(i)-(iii)	
(b)(2)	
(b)(3)	
(c)(2)	
(c)(3)	
173. (d)(1)	
174. (d)(2)	
175. (d)(3)	
176. (e)(1)	
177. (e)(2)	
178. (e)(3)	
179. (e)(3)	

MINISTRATION OF MEDICATIONS 19a-79-9a

ADDITIONAL VIOLATION

57. (9a)	Written medication policies/procedures
58. (9a)	Permit enrollment of children with asthma, allergies, diabetes
59. (a)(2)	NONPRESC. TOPICAL MEDICATION
(a)(3)(A-B)	Admin/Parent permission/report errors
(a)(3)(C)	Labeling and Storage
60. (b)(1)(A/C)	Unused/expired meds destroyed/returned
(b)(1)(D)	MEDICATION TRAINING
(b)(1)(E)	Medication training-general-oral/top/inhalant
(b)(1)(F)	Injectable premeasured autoinjector medication
(b)(2)(A-B)	Rectal medication
(b)(2)(C)	Injectable other than premeasured auto-injector
61. (b)(3)(A-B)	Training approval documents/certificates
62. (b)(3)(D)	Training outline on file
63. (b)(4)(A-B)	Authorized prescriber/parent permission
64. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification
65. (b)(5)(C)	Medication Administration Records (MAR)
66. (b)(5)(D)	Labeling and Storage
67. (b)(5)(E)	Emergency medication inaccessible
68. (b)(6)	Unused/Expired meds-destroyed/returned
69. (b)(7)(A-B)	Auto-injector/inhalant equipment
70. (d)	Self-administration documentation
	Petition for special medication authorization
	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

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

DISCUSSIONS/COMMENTS

update policies per new regulations shown checklist on oec website.

- update educational requirements

- rusty microwave in kitchen

- Iepi pen expiring 4/14/25

- Reading new regulations/become familiar

- 2 staff with BCIS. contact BCIS.

KK- contacted BCIS.

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Inspector: Sha Keller
 OEC Staff: Kellerman

Inspector: Tracy Daly
 OEC Staff: Tracy Daly

EC DIVISION OF LICENSING
 10 Columbus Blvd, Suite 302, Hartford, CT 06103
 elp Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Written Corrective Action Plan
 Due by: 4/25/25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Quaker Lane Coop Nursery School License # 12306 Date: 4/1/25

Observations/Corrections needed:

- Regulations not in compliance when observed:
- #18 - Old complaint procedure posted. Administrative oversight not posted.
- #21 - 2 current staff working with children. Bets states "Needs background checks" contact Bets. CKK.
- #33(h)(1) - All staff haven't conducted health and safety training
- #35(x)(2)(4-H) all consultant agreements not current with new regulations
- #40 - 2 care plans not signed by staff/or parent.
- 2 care plans not available for child with asthma
- #70 - Lead management plan not observed logged twice in year 2024.
- #88(e)(5) 2 stained rugs (Numbers and Shapes rug)
- #161 - 2 authorization forms not signed by parents for 1 child
- #166 - 1 asthma medication expired 2/2025

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: 4/25/25

Signature: [Handwritten Signature]
 (OEC Representative)
 Print Name: Keller

Signature: [Handwritten Signature]
 (Person in Charge)
 Print Name: Tracy Daly