

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

Grace Lutheran Preschool	5/5/25	9:32am
1055 Randolph Rd	12928	11/30/2025
Middletown, Ct 06457	860-034-6076	Open closed 3 weeks
Grace Evangelical Lutheran Church	# of Staff Present: 8	# over 3 Present: 24
glpdxctm1055@gmail.com	Total Capacity: 65	Total Under 3 capacity: 8
Diana Cathcart		# under 3 Present: 8
		Ages 2yrs - 5yrs
		Served: 54yrs
		M-F 9:00am - 5:00pm

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

1. (c)(8) Local Health Inspection-Date: 4/4/23

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 in prek-authorization

15. (m) Motor vehicle laws-transportation

16. (n) Capacity

17. (o) Respond to OEC-no false, misleading statements or documents

18. POSTINGS

3a(e)(1) License posted

3a(e)(2) OEC Complaint Procedure posted

3a(d)(6)(C) Administrative Oversight policy

3a(e)(3) Menus posted

3a(e)(4) No Smoking posted signs at entrances

3a(e)(5) OEC Inspection report posted or available

3a(e)(6) Dev. Milestones posted

7a(e)(17) Radon Test posted (Schls-N/A)

10(g)(8) Safe Sleep policy posted

19. (a)(1)

20. (a)(3)

21. (b)

21a. (b)(2)

22. (b)(4)

23. (d)

24. (d)(1)-(e)(2)

25. (d)(2)

26. (d)(3)(A-C)

27. (d)(4)(A)

(d)(4)(B)

(d)(6)

28. (d)(4)(D)

29. (d)(5)

(d)(5)(A)

(d)(5)(B)

30. (e)(1)

31. (f)(1)

32. (f)(2)

33. (a)(2)

(h)(1)

(h)(2)

34. (4)(C)(ii-v)

(4)(C)(i)

(e)(6)

(e)(6)

35. (i)(1)(A)-(D)

(i) -

(i)(2)(A-H)

(F)

(i)(2)

(H)(i)-(I)(i)

Staff health records

Disciplinary actions

Comprehensive Background Checks

Past employment history

Evidence of compliance with bknd cks/history

Adequate staffing

Designated head teacher-approved-60%

Two staff present-age 18 or older

Personal qualities of staff

RATIOS

Ratio 1:10 - Indoors/Outdoors

Mixed age group

Nap time ratio

Supervision-Indoors/Outdoors

GROUP SIZE

Group Size-Indoors/Outdoors

Group Size-school age field trips/outdoors

Mixed age group-group size

Designated director-training

CPR certified program staff

First aid certified program staff

PROFESSIONAL DEVELOPMENT

Documentation of prof. dev/trainings

Health & Safety training

1% annual hours

SWIMMING ACTIVITIES - Y/N

Swimming-Ratios

Non-swimmers identified

CPR certified staff-age 20 or older

Lifeguard-certified-supervising

CONSULTANTS

Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)

Consultant agreements-signed annually-agreements complete w/required services

Consultant logs-documented activities, observations and required services

Consultant visits- Education/Health

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

CHILD CARE CENTERS AND HOME INSPECTION

NAME: Grace Lutheran Preschool **LICENSE NUMBER:** 12928 **DATE OF INSPECTION:** 5/5/25

RECORD KEEPING 19-79-64

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days

HEALTH AND SAFETY 19-79-70

<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 (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.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (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
	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19-79-71

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>4/24/25</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.		WATER SUPPLY -Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>11/11/24</u>
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		LEAD PAINT
	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u>
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Results <u>No lead identified</u>
		Lead Management Plan _____
	<input checked="" type="checkbox"/>	Peeling Paint - <u>Y/N</u> Inside/Outside

PHYSICAL PLANT 19-79-7A-99

<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 (N/A)
<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.		SMOKING
	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.		TOILETING
	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		AIR TEMPERATURE
	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	<input checked="" type="checkbox"/> (e)(3)	Water temperature 60°F-120°F
	<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
	<input checked="" type="checkbox"/> (e)(5)	WALLS/CEILINGS/FLOORS/RUGS
	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	<input checked="" type="checkbox"/> (e)(6)	Rugs- not a tripping/slipping hazard
	<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
	<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/TELEPHONE NUMBERS
	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
	<input checked="" type="checkbox"/> (e)(8)	LIGHTING
	<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
	<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 95.	(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 96.	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 97.	(e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 98.	(e)(14-15)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 99.	(e)(16)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 100.	(e)(17)	Measures to prevent vermin
<input checked="" type="checkbox"/> 101.	(e)(18)	Radon test- Results: <u>2.5</u> (Schls-N/A)
<input checked="" type="checkbox"/> 102.	(f)(1)(A)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 103.	(g)(1)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 107.	(g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME

Grace Lutheran Preschool

LICENSE NUMBER

12928

DATE OF INSPECTION

5/5/25

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
- 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**
 Adequate space- 75 sq. ft. per child
 Shock absorbing surfaces-minimum 8"
 Playground free from hazards
 (h)(1) Nuts, bolts, screws-tight, covered/protected
 (h)(2) Outside equipment anchored-anchors buried
 (h)(3) New equip- cert playg. Inspection upon request
 (h)(4) Drinking water available/accessible
 (h)(5) Equipment arranged for safety-equip/fences/structures not hazardous
 (h)(6) **OUTDOOR PROTECTED/FENCED**
 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- (N/A)
 conforms to 19-13-B33b and 19a-36-B61
 (j) Wading pools prohibited
 (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

- 128. (e)(2)
- (e)(3)
- (e)(4)
- (e)(5)
- (e)(6-9)
- (e)(7)
- (e)(8)
- (e)(10)(A-C)
- 129. (f)(1)
- (f)(2)
- (f)(3)
- (f)(4)
- 130. (g)(1)
- (g)(1)
- (g)(1)
- (g)(2)
- (g)(3)
- (g)(4)
- (g)(5)
- (g)(6)
- (g)(7)
- (g)(8)
- 131. (h)(1)
- (h)(1)
- (h)(2)
- (h)(2)
- 135. (i)(1)(2A-C)
- 136. (j)
- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

- DIAPERING cont.**
 Diaper area: used only for this purpose, located in the program area
 Diaper area: non-porous surface/good repair
 Diaper area: washed/disinfected after use
 Diaper area: disposable paper sheets
 Covered waste receptacle-removed daily
 Handwashing-staff/children
 Diapering-Handwashing policies-posted/followed
 Cloth diapers-written plan developed
- LINENS/CLOTHING**
 Linens/emergency clothing available
 Linens washed weekly or as needed
 Linens/clothing stored individually
 Cribs/cots cleaned-linens changed when shared
- SAFE SLEEP**
 Under 12 mths placed on back for sleeping
 Crib-snug 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
- 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
- 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)
- Outdoor equipment-developmentally appropriate for ages of the children
 Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

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)
- (h)(1)
- (h)(2)
- (h)(2)
- 135. (i)(1)(2A-C)
- 136. (j)
- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

UNDER THREE ENDORSEMENT 19a-79-10 YA

- 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)(Ai-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. **DIAPERING**
 (e)(1) Diaper area: elevated/sturdy/safety rail

SCHOOL AGE ENDORSEMENT 19a-79-11 YA

- 140. (b) Approved Schl Age Endorsement
- 141. **SCHEDULE - ACTIVITIES**
 Written daily program plan-flexible schedule- available to staff/parents
 Activities not a duplication of child's day
 Activities include cognitive, physical, social, emotional needs of the children
 Program includes free time, snacks, creative/physical/small group/sf-concept activities, homework time, special events
 Ratio- 1:15
 Group size- max. 30
- (c)
- (c)(1)
- (c)(2)
- (c)(3)
- 143. (d)
- 144. (e)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Grace Lutheran Preschool	LICENSE NUMBER	12928	DATE OF INSPECTION	5/5/25
---------------------	--------------------------	-----------------------	-------	---------------------------	--------

SCHOOL AGE ENDORSEMENT 194-79-11

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

MONITORING OF DIABETES 194-79-13

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

NIGHT CARE ENDORSEMENT 194-79-12 (194-79-12)

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input type="checkbox"/>	153.		SLEEP PROVISIONS
		<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding
		<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled
		<input type="checkbox"/> (b)(6)(B)	Required bedding
		<input type="checkbox"/> (b)(6)(C)	Required toiletries
		<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly
		<input type="checkbox"/> (b)(7)	Sleep arrangements for infants
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified
<input type="checkbox"/>	156.	(b)(10)	Local health approval

ADMINISTRATION OF MEDICATIONS 194-79-20

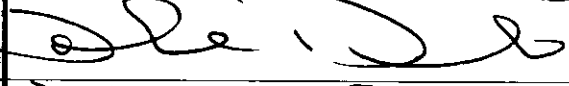

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.		NONPRESC. TOPICAL MEDICATION
		<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors
		<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage
		<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.		MEDICATION TRAINING
		<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant
		<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication
		<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication
		<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector
		<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates
		<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
-------------------------------------	------	---	--

DISCUSSIONS/COMMENTS

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

Signature of OEC staff		Signature of person in charge	
Printed Name	Johanne Daló	Printed Name	Diana Cathcart

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: 5/19/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
--	--

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Grace Lutheran License # 12928 Date: 5/5/25
Preschool

Observations/Corrections needed:

→ Regulation was not in compliance when....

#1(c)(8): Local Health Inspection not current (within 2 years)

#69(c)(5)(A): Observed water test from 1 source

#111(n)(3): Observed landing/platform to the small spike to be cracked, bumpy, and tape protruding (trip and fall hazards)

Discussion

→ Enrollment form signed and dated.

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]

Print Name: Johanne Dalø
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/19/25

Signature: [Signature]

Print Name: Diana Cathcart
(Person in Charge)