

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Family First in Education</u>	License Number: <u>Pending</u>	Date of Inspection: <u>9-22-22</u>	Time of Arrival: <u>3:30pm</u>
Address: <u>25 Mead Ave</u>	Expiration Date: <u>Pending</u>	Licensed Capacity: <u>40 Pending</u>	
Town: <u>Greenwich</u>	Telephone: <u>203-629-2822</u>	# of children present: <u>0</u>	# of staff present: <u>1</u>
Operator: <u>Family Centers INC</u>	Director: <u>Carolina Ahumada</u>		
Email: <u>C.Ahumada@familyCenters.org</u>	Head Teacher: <u>Caroline Reilly</u>		
Hours of Operation: <u>M-F 2:30pm-6:00pm</u>	Summer Care: <u>Closed</u>		
Ages Served: <u>5-12 years</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: 8-22-22

Administration 19a-79-3a

- 2. New Staff-Employee Orientation
- 3. Annual Staff Policy Training
- 4. Documentation of Behavior M. Tech Discussed w/Parents
- 5. Notification of Change
- 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- 7. Daily Attendance Records: Children/Sta

Items Posted: Conspicuous/Accessible

- 8. License
- 9. Current Fire Marshal Certificate Date: 2-9-22
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: NA
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: NA Results: NA
- 15a. Developmental Milestones

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 18b. Background Checks
- 19. Designated Head Teacher/60%
- 20. Two Staff Present
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

Consultants

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<u>NA</u>	<u>NA</u>

27. Logs/Visits Documented

Swimming: (Y/N)

- 28. Non-Swimmers Identified
- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

- 45. License Premise: Clean/Good Repair/Hazard Free
- 48. Sanitary Drinking Fountains/Disposable Cups
Water Supply: Public/Well
- 49. Lead Water Test (Y/N) Date: NA
Bacterial/Chemical Test (Y/N) Date: NA
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 53. Windows Protected to Prevent Falls
- 55. Overhead Doors Locking Devices/ Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temperature Comfortable
- 68. Portable Space Heaters
- 69. Building/Equipment: Sanitary/Hazard Free
- 71. Hot Water/Steam Pipes Protected
- 72. Working Phone on Each Level

Signature of OEC Representative:

Cathy Anderson
Print Name: Cathy Anderson

Written Corrective Action Plan

Due to OEC by: NA

Signature of Person in Charge:

Carolina Ahumada
Print Name: Carolina Ahumada

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <u>Family First in Education</u></p>	<p>License Number: <u>Pending</u></p>	<p>Date of Inspection: <u>9-22-22</u></p>
<p>Physical Plant continued:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <p>Outdoor Space</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free of Hazards <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Playground Protected <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p>Educational Requirements 19a-79-8a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up <p>Administration of Medications 19a-79-9a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p>Self-Administration</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization <p>Emergency Distribution of Potassium Iodide</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage 	<p>School Age Children Endorsement 19a-79-11</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate <p>Monitoring of Diabetes 19a-79-13</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications 	
<p>Signature of OEC Representative <u>Cathy Anderson</u></p>	<p>Written Corrective Action Plan Due to OEC by: <u>NA</u></p>	<p>Signature of Person in Charge <u>Carolina Ahumada</u></p>

Print Name: Cathy Anderson

Print Name: Carolina Ahumada

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Family First in Education License # Pending Date: 9-22-22

Observations/Corrections needed:

All items on the inspection form were discussed during this inspection

NO Corrections at this inspection

Program requested Capacity 40 max Children

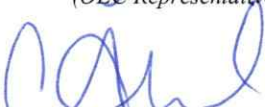
Discussed - Supervision, group size and ratio

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: 
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 
(Person in Charge)
Carolina Anomada

OEC BY: NA

SQUARE FOOTAGE REPORT

Family First in Education
(Name of Program)

Pending
(License Number)

9-20-22
(Date of Measurements)

INDOOR SPACE

Room: 104 : (38 x 20) + (x) + (x) + (x) = 760
(Name/Number)

Totals 760 Minus

Under 3 YES/NO YES Deduction: (x) + (x) + (x) + (x) =

Totals
Description

Total 760 ÷ 35/30 = 21 OK for 21 children

Room: 103 : (39 x 23) + (x) + (x) + (x) = 897
(Name/Number)

Totals 897 Minus

Under 3 YES/NO YES Deduction: (x) + (x) + (x) + (x) =

Totals
Description

Total 897 ÷ 35/30 = 25 OK for 25 children

Room: 102 : (243 x 31) + (10 x 7) + (x) + (x) = 824.23
(Name/Number)

Totals 754.23 70 Minus

Under 3 YES/NO YES Deduction: (x) + (x) + (x) + (x) =

Totals
Description

Total 824.23 ÷ 35/30 = 23 OK for 23 children

Room: 101 : (40 x 20.8) + (14.50 x 5.33) + (x) + (x) = 910.49
(Name/Number)

Totals 833.2 77.29 Minus

Under 3 YES/NO YES Deduction: (x) + (x) + (x) + (x) =

Totals
Description

Total 910.49 ÷ 35/30 = 26 OK for 26 children

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

Family First N Education
(Name of Program)

Pending
(License Number)

9-22-22
(Date of Measurements)

INDOOR SPACE

Room: 129 : (x) + (x) + (x) + (x) =
 (Name/Number) Totals _____ Minus _____

Under 3
 YES/NO Deduction: (x) + (x) + (x) + (x) =
 Totals _____ Minus _____

Description _____

Total ÷ 35/30 = OK for _____ children

Room: 128 : (32 x 25.58) + (x) + (x) + (x) = 818.56
 (Name/Number) Totals 818.56 Minus _____

Under 3
 YES/NO Deduction: (x) + (x) + (x) + (x) =
 Totals _____ Minus _____

Description _____

Total 818.56 ÷ 35/30 = 23 OK for 23 children

Room: 127 : (27 x 32) + (x) + (x) + (x) = 864
 (Name/Number) Totals 864 Minus _____

Under 3
 YES/NO Deduction: (x) + (x) + (x) + (x) =
 Totals _____ Minus _____

Description _____

Total 864 ÷ 35/30 = 24 OK for 24 children

Room: _____ : (x) + (x) + (x) + (x) = _____
 (Name/Number) Totals _____ Minus _____

Under 3
 YES/NO Deduction: (x) + (x) + (x) + (x) = _____
 Totals _____ Minus _____

Description _____

Total _____ ÷ 35/30 = _____ OK for _____ children

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

Family First Education
(Name of Program)

(Not counted in capacity)
pending
(License Number)

9-22-22
(Date of Measurements)

ACTIVITY ROOM (Not counted in capacity)

Room: Gym : (644 x 653) + (x) + (x) + (x) = 4,205.32
(Name/Number) Totals 4,205.32 Minus

Under 3
YES/NO/BOTH Deduction: (x) + (x) + (x) + (x) =
Totals
Description 40 capacity

Total 4,205.32 ÷ 35/30 = 120 OK for 120 children

Room: : (x) + (x) + (x) + (x) =
(Name/Number) Totals Minus

Under 3
YES/NO/BOTH Deduction: (x) + (x) + (x) + (x) =
Totals
Description

Total ÷ 35/30 = OK for children

OUTDOOR SPACE (Not counted in capacity)

Playground 1: (100 x 100) + (x) + (x) = 10,000 ÷ 75 = 133
Field Under 3 Totals: 10,000 OK for 40 children
YES/NO/BOTH

Playground 2: (x) + (x) + (x) = ÷ 75 =
Under 3 Totals: OK for children
YES/NO/BOTH

Playground 3: (x) + (x) + (x) = ÷ 75 =
Under 3 Totals: OK for children
YES/NO/BOTH

Express the figure as whole number by rounding decimals down.

*Total of toilets for children: 3 Exclusive use for staff 1
*Total of sinks for children: 9 requested

TOTAL CAPACITY 40 INCLUDING 0 UNDER THE AGE OF 3

* 1 toilet and 1 sink for every 16 children (For programs serving children under 6 years of age)
* 1 toilet and 1 sink for every 25 children (For programs serving school age ONLY)