



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oeclicensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

| | | | | | | | | | | |
|---|---|----------|------------------------------------|-----------|---------------------------|--|--------------------------------|--------------------------------------|---------------------|---------------------|
| Program Name | FAMILY CENTERS FIRST STEPS CENTER | | | | License Number | DCCC.16000 | Date of Inspection | 03/11/2024 | | |
| | | | | | Expiration Date | 3/31/2026 | Time of Inspection | 12:03 PM | | |
| Address | 8 ARMSTRONG CT GREENWICH CT 06830-6183 | | | | Telephone | (203) 869-4848 | Licensed Capacity | 43 | | |
| | | | | | Hours of Operation | MONDAY-FRIDAY 8:00AM-6:00PM | Infant/Toddler Capacity | 0 | | |
| Is this a Change of Address? | Yes? | | No? | X | | | Summer Care | Open | | |
| New Address | | | | | Minimum Age Served | 3 years | Maximum Age Served | 5 years | Water Supply | Public Water |
| | | | | | Program's Email | chogan@familycenters.org | | | | |
| Operator | FAMILY CENTERS INC | | | | Name of Inspector | Cathy Anderson | | | | |
| Director | CATHERINE A HOGAN | | | | Inspector's Email | catherine.anderson@ct.gov | | | | |
| Key: Compliant = X Non-Compliant = O | # of Infants - Toddlers Present | 0 | # of Total Children Present | 29 | # of Staff Present | 12 | Type of Inspection | UNANNOUNCED INSPECTION - FULL | | |

LICENSURE PROCEDURES 19a-79-2a

| | | |
|----------|---|---|
| O | 1. Local Health Inspection Date: 02/17/2022 | Failed to maintain current local health when observed the one on site expired on 2/17/2024. Please send OEC a copy. |
| X | 1a. False or Misleading Statements | |

ADMINISTRATION 19a-79-3a

| | | |
|----------|---|--|
| X | 1b. Administration | |
| X | 1bb. Capacity | |
| X | 2. New Staff – Employee Orientation | |
| X | 3. Annual Staff Policy Training | |
| X | 3b. Managing child behavior | |
| X | 4. Documentation of Behavior M. Tech Discussed w/parents | |
| X | 4b. Failure to report | |

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| X | 5. Notification of Change | |
| X | 6. Program policies | Including discipline, supervision, child protection, general operating, personnel, closing time |
| X | 7. Daily Attendance Records- staff and children | |
| ITEMS POSTED – ACCESSIBLE | | |
| X | 8. License | |
| X | 9. Fire Marshal certificate | Failed to maintain a current fire marshal inspection when observed the Fire Marshal certification posted expired on 6/9/2023. Please send OEC a copy of the certificate. |
| | Date 03/05/2024 | |
| X | 10. OEC Complaint procedure | |
| X | 11. Food Service Certificate | N/A? |
| | Date 09/30/2024 | |
| X | 12. Menus | |
| X | 13. Emergency plans | |
| X | 14. No Smoking Signs | |
| X | 15. Radon Test | N/A? |
| | Date Results | |
| | 11/17/2003 0.5 | |
| | 15a. Developmental Milestones | |
| X | 15b. Access | |
| X | 15bb. Endorsements | |
| STAFFING 19a-79-4a | | |
| X | 15c. Staffing | |
| X | 16. Staff Health records – TB tests | |
| X | 17. Professional development | |
| X | 18. Disciplinary actions | |
| X | 18b. Background checks | |

| | | | | | | |
|---------------------------------|---|-------------------|---------------|-----------------------|---------------|-------------------------|
| X | 19. Designated Head Teacher | | | | | |
| X | 20. Two Staff present | | | | | |
| X | 20a. Staff Qualities | | | | | |
| X | 21. Ratio: 1 staff to 10 children | | | | | |
| X | 21b. Supervision | | | | | |
| X | 22. Group Size – maximum 20 children | | | | | |
| X | 23. Designated director - Training | | | | | |
| X | 24. CPR Certified Staff (Group Home N/A) | | | | | |
| X | 25. First Aid Trained Staff | | | | | |
| X | 26. Consultants- Agreements and Contracts | | | | | |
| X | 27. Logs – Visits documented | | | | | |
| | Not in Compliance? | Education | Health | Social Service | Dental | Dietician N/A? X |
| | Contracts | | | | | |
| | Logs | | | | | |
| | Do they take children swimming? | N SWIMMING | | | | |
| X | 28. Non-swimmers identified | | | | | |
| X | 29. Staff/Child Ratios | | | | | |
| X | 30. CPR certified staff (20 years of age) | | | | | |
| X | 31. Lifeguard certified - supervision | | | | | |
| RECORD KEEPING 19a-79-5a | | | | | | |
| X | 32. Enrollment information | | | | | |
| X | 33. Emergency medical permission | | | | | |
| X | 34. Authorized release permission | | | | | |
| X | 35. Field trip permission | | | | | |
| X | 36. Transportation permission | | | | | |

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| X | 37. Child health records and immunizations | |
| X | 38. Individual care plan (signed by parents and staff) | |
| X | 39. Injury, Illness, Accident reports | |
| HEALTH AND SAFETY 19a-79-6a | | |
| X | 40. Nutritious snacks and meals (required food groups) | |
| X | 41. Proper refrigeration (max 45°) | |
| X | 42. Kitchen separated | N/A? |
| X | 43. Hand washing – before eating or food handling | |
| X | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory | |
| PHYSICAL PLANT 19a-79-7a | | |
| O | 45. License premises – clean, good repair, hazard free | Failed to maintain the building, equipment and services when observed in Voyagers-the stove, and stand are not secured, shelf by the door with our supplies is not secured, door knob is not on the door which makes the door hard to open from inside the classroom. Step-stools throughout are unclean. |
| X | 47b. Plans for new construction, expansion, renovation or conversion | |
| X | 48. Sanitary drinking fountains – disposable cups | |
| X | 49. Lead Water Test (N/A?) 02/26/2023 | Bacterial/Chemical Test (N/A?) |
| X | 50. Walkways maintained | |
| X | 51. Designated staff toilet/sink | |
| X | 52. All openings for ventilation screened | |
| X | 53. Windows protected to prevent falls | |
| X | 54. Glass protected up to 36” | |
| X | 55. Overhead doors – locking devices, spring protectors | |
| X | 56. Exits, Hallways and Stairs unobstructed | |

| | | |
|---|---|---|
| X | 57. Individual storage of clothing and bedding | |
| X | 58. Smoking prohibited | |
| X | 59. Matches and lighters inaccessible | |
| X | 60. Electrical safety – outlets/cords | |
| X | 61. Toileting needs met | |
| X | 62. Required toilets, sinks, supplies | |
| X | 63. Potty chairs – nonporous, emptied, disinfected | |
| X | 64. Hand washing after toileting – staff and children | |
| X | 65. Ventilation in toilet rooms | |
| X | 66. Air temperature 65 degrees, thermometer affixed | |
| X | 67. Water temperature 60° – 115° | |
| X | 68. Portable space heaters | |
| O | 69. Walls, ceilings, floors and rugs – clean, good repair | Failed to ensure walls, ceilings, floors and rugs are washable or easily cleanable. When observed in the explorer's the wall behind the two garbage cans, have many food splatter stains. The splatter is also located under sinks. |
| X | 70. Rugs secure | |
| X | 71. Hot water, steam pipes protected | |
| X | 72. Working phone on each level | |
| X | 73. Emergency numbers posted | |
| X | 74. Adequate lighting - 50/30 candle feet | |
| X | 75. Light fixtures shielded, shatter proof | |
| X | 76. Potentially hazardous substances locked | |
| X | 77. Garbage, rubbish disposed daily | |

| | | |
|--|---|---|
| X | 78. Stairs protected, good repair, handrails | |
| X | 79. Pets – maintained, care plan | Y/N N |
| X | 80. Operable CO detector on each level | N/A? Y |
| X | 81. Program space-adequate square footage per child | |
| X | 82. Equipment clean, good repair, safe, non-toxic | |
| X | 83. Cots stored, maintained, adequate number | |
| X | 84. Developmentally appropriate equipment | |
| X | 85. Hot tubs, spas, saunas – locked and inaccessible | Y/N N |
| X | 86. No weapons, no facsimile of a firearm on premises | |
| OUTDOOR SPACE | | |
| X | 87. Outdoor space - adequate square footage per child | |
| X | 88. Impact absorbing material under equipment | |
| O | 89. Playground free from hazards | Failed to ensure the playground is free of glass, debris, holes and other hazards when observed a large tree that hangs over the playground, has large dead and unsecured branches hanging where the children play. OEC took picture of the tree. |
| X | 92. Equipment anchored, safely arranged | |
| X | 93. Outdoor play area protected, fenced | |
| X | 94. Drinking water available, accessible | |
| EDUCATIONAL REQUIREMENTS 19a-79-8a | | |
| X | 95. Written plan for daily program available to parents/staff | |
| X | 96. Schedule – Activity choices and Program | 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 |
| ADMINISTRATION OF MEDICATIONS 19a-79-9a | | |
| X | 97. Written policies, procedures | |
| X | 98. Training outline on file | |

| NONPRESCRIPTION TOPICAL MEDICATIONS | | | | | | |
|-------------------------------------|--|---|------------|----------|--|--|
| X | 99. Administration, parent permission, MAR | | | | | |
| X | 100. Labeling, storage | | | | | |
| ORAL/TOPICAL/INHALENT MEDICATIONS | | | | | | |
| X | 101. Med trained staff, certificates | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">O/T/I</td> <td style="width: 90%; text-align: center;">Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td></td> </tr> </table> | O/T/I | Injectable | Y | | |
| O/T/I | Injectable | | | | | |
| Y | | | | | | |
| X | 102. Authorized prescriber, parent permission, MAR | | | | | |
| O | 103. Labeling, storage | Failed to maintain proper labeling of medication when one EpiPen on site does not have a prescription label. Observed two Benadryl's without child's name on box. | | | | |
| X | 104. Unused, expired meds returned/disposed | | | | | |
| SELF-ADMINISTRATION | | | | | | |
| X | 105. Authorized prescriber, parent permission, MAR | | | | | |
| X | 106. Labeling, storage | | | | | |
| X | 107. Approved petition for special medication authorization | | | | | |
| No | Is there an approved endorsement? | INFANT/TODDLER ENDORSEMENT 19a-79-10 | | | | |
| | 109. Approved endorsement | | | | | |
| | 110. Ratio: 1 staff to 4 children | | | | | |
| | 111. Group size: no larger than 8 | | | | | |
| | 112. Physical barriers, groups of 8 (indoors and outdoors) | | | | | |
| | 113. Adequate sinks in program space | | | | | |
| | 114. Free standing, well-constructed, safe cribs | | | | | |
| | 115. Washable cots | | | | | |
| | 116. Chairs for feeding, stable, safety straps, locking tray | | | | | |
| | 117. Developmentally appropriate tables, chairs, equipment | | | | | |
| | 118. Refrigerators and food prop facilities | | | | | |

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|--|-----|----|--|
| 119. Diaper area- sturdy, safety rail, nonporous, exclusive use | | | |
| 120. Diaper area- washed, disinfected | | | |
| 121. Diaper area- disposable paper sheets | | | |
| 122. Covered waste receptacle | | | |
| 123. Diaper changing policy posted, followed | | | |
| 124. Hand washing policy posted, followed | | | |
| 125. Individual storage of personal items | | | |
| 126. Cribs/cots washed and disinfected | | | |
| 127. Under 12 months- placed on back for sleeping | | | |
| 128. Alternate sleep position- equipment, medical documentation | Yes | No | |
| 129. Crib, bed used for infant sleeping | | | |
| 130. Crib, bed free from observable hazards | | | |
| 131. Infant toys separate, washed, disinfected daily | | | |
| 132. No toys, objects less than 1/1/4" diameter | | | |
| 133. Plastic bags, balloons, Styrofoam objects inaccessible | | | |
| 134. Health consultant, doc. of visits | | | |
| 135. Infants held for bottles, indiv. attention, tummy time | | | |
| 136. Written statement, feeding schedule from parent | | | |
| 137. Unused portions of liquids discarded | | | |
| 138. Clean Bottles, disp. bottles, approved bottle washing | | | |
| 139. Food served from dish or whole jar served | | | |
| 140. Bottles individually identified with child's name | | | |

OUTDOOR PLAY SPACE - UNDER THREE

| | | |
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| | 141. Play space fenced | |
| | 142. Outdoor equipment developmentally appropriate | |
| No | Is there an approved endorsement? | SCHOOL AGE ENDORSEMENT 19a-79-11 |
| | 143. Approved endorsement | |
| | 144. Activity choices appropriate | |
| | 145. Ratio – 1 staff to 10 children | |
| | 146. Group size – maximum 20 children | |
| | 147. Education Consultant appropriate | |
| No | Is there an approved endorsement? | NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) |
| | 148. Approved endorsement | |
| | 149. Written program plan, supervision | |
| | 150. Staff awake and available | |
| | 151. Cot, crib, bedding, toiletries, sleep apparel | |
| | 152. Individual storage of personal items | |
| | 153. Bedding, sleeping apparel laundered weekly | |
| N | Child with diabetes enrolled? | MONITORING OF DIABETES 19a-79-13 |
| X | 154. Written policies and procedures | |
| X | 155. On site staff trained in first aid, glucose testing | |
| X | 156. Training current and documented | |
| X | 157. Supervision of self-administration | |
| X | 158. Equipment, supplies labeled and inaccessible | |

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| X | 159. Signed agreement with parents regarding equipment | |
| X | 160. Materials discarded appropriately | |
| X | 161. Authorized prescriber, parent permission | |
| X | 162. Documentation of test results, actions taken | |
| X | 163. Daily written parent notification | |

ADDITIONAL VIOLATIONS

| | | | |
|--|---|----------|--|
| | 62. Consent Order - Negotiated Corrective Action Plan | N/A? | |
| | | X | |



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|--------------------------|---|
| <u>YES or NO?</u> Yes | WERE VIOLATIONS CITED DURING THIS VISIT? |
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DISCUSSIONS:

2 medication forms missing child's addresses

COMMENTS:

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

| | | | |
|---|---------------------------------------|--------------------------------|--|
|  (Signature of OEC Representative) | (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: |  (Signature of Person in Charge) |
| Cathy Anderson (Printed Name) | (Printed Name) | 03/25/2024 | Erica Tarantino (Printed Name) |