



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

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	FAMILY FIRST IN EDUCATION - ELM STREET				License Number	DCCC.70591	Date of Inspection	05/28/2024		
					Expiration Date	11/30/2024	Time of Inspection	02:45 PM		
Address	180 E ELM ST GREENWICH CT 06830-5755				Telephone	(203) 816-8461	Licensed Capacity	40		
					Hours of Operation	MONDAY-FRIDAY 3:00PM-6:00PM	Infant/Toddler Capacity	0		
Is this a Change of Address?	Yes?		No?	X			Summer Care	Closed		
New Address					Minimum Age Served	5 years	Maximum Age Served	12 years	Water Supply	Public Water
					Program's Email	msalgado@familycenters.org				
Operator	FAMILY CENTER, INC.				Name of Inspector	Cathy Anderson				
Director	MANUEL SALGADO				Inspector's Email	catherine.anderson@ct.gov				
Key: Compliant = X Non-Compliant = O	# of Infants - Toddlers Present	0	# of Total Children Present	17	# of Staff Present	2	Type of Inspection	UNANNOUNCED INSPECTION - FULL		

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection Date: 12/01/2022	Failed to maintain current local health inspection
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	

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	
O	9. Fire Marshal certificate	Failed to maintain a current fire marshal inspection when observe the certificate posted expired on 9/27/2023. Please send a copy to the OEC
	Date 09/27/2022	
X	10. OEC Complaint procedure	
	11. Food Service Certificate	N/A?
	Date	X
X	12. Menus	
X	13. Emergency plans	
X	14. No Smoking Signs	
	15. Radon Test	N/A?
	Date Results	X
X	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	
	21. Ratio: 1 staff to 10 children	Not applicable for school-age only programs.
X	21b. Supervision	
	22. Group Size – maximum 20 children	Not applicable for school-age only programs.
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		
O	32. Enrollment information	Failed to maintain complete enrollment information for each child observed 2 enrollment forms are missing the parents address 5 enrollment forms are missing the work address and 1 enrollment form is missing the physicians phone number
X	33. Emergency medical permission	
X	34. Authorized release permission	
X	35. Field trip permission	
X	36. Transportation permission	

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain complete health records for children when 2 health records are missing a check mark on the bottom of part 2.	
<input checked="" type="checkbox"/>	38. Individual care plan (signed by parents and staff)		
<input checked="" type="checkbox"/>	39. Injury, Illness, Accident reports		
HEALTH AND SAFETY 19a-79-6a			
<input checked="" type="checkbox"/>	40. Nutritious snacks and meals (required food groups)		
<input checked="" type="checkbox"/>	41. Proper refrigeration (max 45°)		
<input checked="" type="checkbox"/>	42. Kitchen separated	N/A?	
<input checked="" type="checkbox"/>	43. Hand washing – before eating or food handling		
<input checked="" type="checkbox"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory	Failed to maintain complete first aid kit(s)	
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/>	45. License premises – clean, good repair, hazard free		
<input checked="" type="checkbox"/>	47b. Plans for new construction, expansion, renovation or conversion		
<input checked="" type="checkbox"/>	48. Sanitary drinking fountains – disposable cups		
	49. Lead Water Test (N/A?) <input checked="" type="checkbox"/>	Bacterial/Chemical Test (N/A?) <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	50. Walkways maintained		
<input checked="" type="checkbox"/>	51. Designated staff toilet/sink		
	52. All openings for ventilation screened	Not applicable for school-age only programs.	
<input checked="" type="checkbox"/>	53. Windows protected to prevent falls		
	54. Glass protected up to 36"	Not applicable for school-age only programs.	
<input checked="" type="checkbox"/>	55. Overhead doors – locking devices, spring protectors		
<input checked="" type="checkbox"/>	56. Exits, Hallways and Stairs unobstructed		

	57. Individual storage of clothing and bedding	Not applicable for school-age only programs.
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
	60. Electrical safety – outlets/cords	Not applicable for school-age only programs.
X	61. Toileting needs met	
X	62. Required toilets, sinks, supplies	
	63. Potty chairs – nonporous, emptied, disinfected	Not applicable for school-age only programs.
X	64. Hand washing after toileting – staff and children	
X	65. Ventilation in toilet rooms	
X	66. Air temperature 65 degrees, thermometer affixed	
	67. Water temperature 60° – 115°	Not applicable for school-age only programs.
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
	70. Rugs secure	Not applicable for school-age only programs.
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	
O	80. Operable CO detector on each level	N/A? Y	Failed to maintain at least 1 operable carbon monoxide detector on each occupied level
X	81. Program space-adequate square footage per child		
X	82. Equipment clean, good repair, safe, non-toxic		
	83. Cots stored, maintained, adequate number		Not applicable for school-age only programs.
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		
X	89. Playground free from hazards		
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 style="text-align: center;">Y</td> </tr> </table>	O/T/I	Injectable	Y	Y	
O/T/I	Injectable					
Y	Y					
O	102. Authorized prescriber, parent permission, MAR	Failed to maintain written order from prescriber for medication for an Epi-pen				
X	103. Labeling, storage					
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					

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

	141. Play space fenced	
	142. Outdoor equipment developmentally appropriate	
Yes	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
X	143. Approved endorsement	
X	144. Activity choices appropriate	
X	145. Ratio – 1 staff to 10 children	
X	146. Group size – maximum 20 children	
X	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	

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	



YES or NO?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

Dental consultant needs to document their annual reviews
Discussed with the Director that all paperwork needs to be on site at all times during operating hours. The Director did bring the paperwork in the middle of this inspection.

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: 06/11/2024	 (Signature of Person in Charge)
Cathy Anderson (Printed Name)	 (Printed Name)		Manuel A Salgado (Printed Name)