



CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING



CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM

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

Program Name:	Family First in Education - Mead Ave	Date of Inspection:	2-18-25	Time of Arrival:	3:15 PM
Address:	25 Mead Ave	License Number:	70671	Expiration Date:	10-31-26
Town:	Greenwich	Telephone Number:	629-2822	Summer Care:	Closed
Operator:	Family Center INC	# of Staff Present:	4	# over 3 Present:	34
Email:	Msalgado@familycenters.org	Total Capacity:	40	Total Under 3 capacity:	0
Designated Director:	Carolina Ahumada	Hours/Days of Operation:	M-F 2:30pm-6:00pm	# under 3 Present:	0
				Ages Served:	5-12 yrs

Instruction Codes: N/A = Not applicable at this time ✓ = Regulation in Compliance O = Regulation not in Compliance

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

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a cont.

1. (c)(8) Local Health Inspection-Date: 11-1-2024

ADMINISTRATION 19a-79-3a

- 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 enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
  - (e)(1) License posted
  - (e)(2) OEC Complaint Procedure posted
  - (e)(3) Menus posted
  - (e)(4) No Smoking posted signs at entrances
  - (e)(5) OEC Inspection report posted or available
  - (e)(6) Developmental Milestones posted

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. RATIOS
  - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
  - (d)(4)(B) Mixed age group-ratios
  - (d)(6) Nap time ratio
  - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. GROUP SIZE
- 29. (d)(5) Group Size-Indoors/Outdoors
- (d)(5)(A) Group Size-school age field trips/outdoors
- (d)(5)(B) Mixed age group-group size
- (e)(1) Designated director-training
- (f)(1) CPR certified program staff
- (f)(2) First aid certified program staff
- 30. PROFESSIONAL DEVELOPMENT
- 31. Documentation
- 32. (a)(2) Health & Safety training
- 33. (h)(1)(2) 1% annual hours
- 34. SWIMMING ACTIVITIES - Y/N
  - (4)(C)(ii-v) Swimming-Ratios
  - (4)(C)(i) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- 35. CONSULTANTS
  - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
  - (i) Consultant agreements-signed annually
  - (i)(2)(A-H) Agreements complete w/required services
  - (F) Consultant logs-documented activities, observations and required services
  - (i)(2) Consultant visits- Education/Health

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

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2**

<b>PROGRAM NAME</b>	Family First n Education	<b>LICENSE NUMBER</b>	70671	<b>DATE OF INSPECTION</b>	2-18-25
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**RECORD KEEPING 19a-79-5**      **PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/> 36. <input checked="" type="checkbox"/> 37.  <input checked="" type="checkbox"/> 38. <input checked="" type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input checked="" type="checkbox"/> 41. <input checked="" type="checkbox"/> 42. <input checked="" type="checkbox"/> 43. <input checked="" type="checkbox"/> 44. <input checked="" type="checkbox"/> 45.	(a)(1)(A-C)  (a)(1)(D)(i) (a)(1)(D)(ii) (a)(1)(D)(iii) (a)(1)(D)(iv)  (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	Children's Enrollment information <u>PARENT PERMISSIONS</u> 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	<input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76.  <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79.  <input checked="" type="checkbox"/> 80. <input checked="" type="checkbox"/> 81.  <input checked="" type="checkbox"/> 82.	(d)(2) (d)(3) (d)(3) (d)(4) (d)(5)  (d)(6), (f)(3) (d)(7) (d)(8)  (d)(8) (d)(9)  (d)(10)(A) (d)(10)(B) (d)(10)(C) (d)(10)(C) (d)(10)(D) (d)(10)(E) (d)(10)(E) (d)(10)(F)  (d)(10)(G) (d)(10)(H) (d)(11)  (e)(1)  (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(5) (e)(6) (e)(7) (e)(7) (e)(7)  (e)(8) (e)(9)  (e)(9) (e)(9) (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)	Walkways maintained Windows protected to prevent falls Window screens (Schl age only-N/A) Glass and mirrors protected to 36" Overhead doors-locking devices, spring protectors Exits, stairs, hallways unobstructed Individual storage of clothing/bedding Smoking or vaping prohibited on premises/grounds Matches/lighters inaccessible Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) <u>TOILETING</u> Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Required toilets/sinks-1:25 schl age only Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located-at the facility or licensed premises Well lighted/ventilated toilet rooms Mechanical ventilation (Grp Homes N/A) Staff personal articles inaccessible <u>AIR TEMPERATURE</u> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) Air temp <65°F comfortable (Schl age only-N/A) Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60 °F - 120 °F Portable space heaters prohibited Walls/ceilings/floors/rugs-clean/good repair Rugs- not tripping/slipping hazard Hot water/Steam pipes protected Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number <u>LIGHTING</u> All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible Schl age only-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, written care plan including access to children Prevention of vermin-openings screened Radon test- Results: _____ N/A Results posted-Date: _____ (Schl-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) Air conditioners, water heaters, fuse boxes inaccessible Developmentally app equipment, materials
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**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input checked="" type="checkbox"/> 48. <input checked="" type="checkbox"/> 49. <input checked="" type="checkbox"/> 50. <input checked="" type="checkbox"/> 51. <input checked="" type="checkbox"/> 52. <input checked="" type="checkbox"/> 53. <input checked="" type="checkbox"/> 54. <input checked="" type="checkbox"/> 55. <input checked="" type="checkbox"/> 56. <input checked="" type="checkbox"/> 57.  <input checked="" type="checkbox"/> 58. <input checked="" type="checkbox"/> 59. <input checked="" type="checkbox"/> 60.  <input checked="" type="checkbox"/> 61.	(a)(1)  (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1)  (b)(2) (c)  (c)  (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 Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (Schl age only N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <u>FIRST AID SUPPLIES</u> -add't'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84.  <input checked="" type="checkbox"/> 85.  <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 89. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 92. <input checked="" type="checkbox"/> 93. <input checked="" type="checkbox"/> 94.
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**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input checked="" type="checkbox"/> 64. <input checked="" type="checkbox"/> 65.  <input checked="" type="checkbox"/> 66. <input checked="" type="checkbox"/> 67.  <input checked="" type="checkbox"/> 68. <input checked="" type="checkbox"/> 69.  <input checked="" type="checkbox"/> 70.  <input checked="" type="checkbox"/> 71.	(a)(2) (b) (b)(1)-(5) (b)(6)  (c)(2) (c)(3)  (c)(4) (c)(5)(A) (c)(5)(B) (c)(5)(C)  (c)(6)(A)  (c)(6)(B-D)  (d)(1)	Fire marshal codes/certificate 8-3024 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 established Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) Testing of premises/grounds for chemicals <u>WATER SUPPLY</u> - Public/Well (Schools-N/A) Lead Water Test - Date: _____ Bact./Chem Test-Date: _____ N/A Drinking water available/accessible <u>LEAD PAINT</u> - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results NO Lead Lead Management Plan NA  Emergency vehicle access	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96.  <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99.  <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101.  <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104.  <input checked="" type="checkbox"/> 105.  <input checked="" type="checkbox"/> 106.  <input checked="" type="checkbox"/> 107.
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**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3**

<b>PROGRAM NAME</b>	Family First in Education	<b>LICENSE NUMBER</b>	70671	<b>DATE OF INSPECTION</b>	2-18-25
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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		<u>OUTDOOR SPACE</u>
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		<u>OUTDOOR PROTECTED/FENCING</u>
<input type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>	113.	(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier <span style="float:right">N/A</span>
<input checked="" type="checkbox"/>	114.		<u>WATER HAZARDS</u>
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 <span style="float:right">N/A</span>
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited <span style="float:right">N/A</span>
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible <span style="float:right">N/A</span>

<input type="checkbox"/>	129.		<u>LINENS/CLOTHING</u>
<input type="checkbox"/>		(f)(1)	Linens/emergency clothing available
<input type="checkbox"/>		(f)(2)	Linens washed weekly or as needed
<input type="checkbox"/>		(f)(3)	Linens/clothing stored individually
<input type="checkbox"/>		(f)(4)	Cribs/cots cleaned-linens changed when shared
<input type="checkbox"/>	130.		<u>SAFE SLEEP</u>
<input type="checkbox"/>		(g)(1)	Under 12 mths placed on back for sleeping
<input type="checkbox"/>		(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input type="checkbox"/>		(g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input type="checkbox"/>		(g)(2)	Infants allowed to adopt other sleep positions
<input type="checkbox"/>		(g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input type="checkbox"/>		(g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
<input type="checkbox"/>		(g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input type="checkbox"/>		(g)(6)	Observe/assess infants at least every 15 minutes
<input type="checkbox"/>		(g)(7)	Teething necklaces/bracelets, jewelry inaccessible
<input type="checkbox"/>		(g)(8)	Safe sleep policies posted/parents informed
<input type="checkbox"/>	131.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/>	132.	(h)(1)	Toddler toys-washed/sanitized weekly
<input type="checkbox"/>	133.	(h)(2)	No toys/objects less than 1 1/4 " diameter
<input type="checkbox"/>	134.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/>	135.	(i)(1)(2A-C)	Health consultant visits/documentation
<input type="checkbox"/>	136.		<u>FEEDING</u>
<input type="checkbox"/>		(j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input type="checkbox"/>		(k)(1)	Written feeding schedule from parent-updated
<input type="checkbox"/>		(k)(2)	Unused formula/milk discarded after feedings
<input type="checkbox"/>		(k)(3)	Clean bottles/disposable bottles/appvd washing
<input type="checkbox"/>		(k)(4)	Baby food served from dish or whole jar
<input type="checkbox"/>		(k)(5)	Bottles labeled with child's name
<input type="checkbox"/>	137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input type="checkbox"/>	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/>	139.	(l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
<input checked="" type="checkbox"/>		(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, physical activity
<input checked="" type="checkbox"/>		(b)	Limited access to screen time/video games

**UNDER THREE ENDORSEMENT 19a-79-10 Y/N** N

<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/>	119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers- indoors/outdoors
<input type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/>	128.		<u>DIAPERING</u>
<input type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail
<input type="checkbox"/>		(e)(2)	Diaper area: used only for this purpose, located in the program area
<input type="checkbox"/>		(e)(3)	Diaper area: non-porous surface/good repair
<input type="checkbox"/>		(e)(4)	Diaper area: washed/disinfected after use
<input type="checkbox"/>		(e)(5)	Diaper area: disposable paper sheets
<input type="checkbox"/>		(e)(6)(9)	Covered waste receptacle-removed daily
<input type="checkbox"/>		(e)(7)	Handwashing-staff/children
<input type="checkbox"/>		(e)(8)	Diapering-Handwashing policies-posted/followed
<input type="checkbox"/>		(e)(10)(A-C)	Cloth diapers-written plan developed

**SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N** N

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	<u>SCHEDULE - ACTIVITIES</u>
<input checked="" type="checkbox"/>	142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>		(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	143.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/>	144.	(f)	Group size- max. 30
<input checked="" type="checkbox"/>	145.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	146.		Head teacher approved- 60%

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4**

<b>PROGRAM NAME</b>	Family First in Education	<b>LICENSE NUMBER</b>	70671	<b>DATE OF INSPECTION</b>	2-18-25
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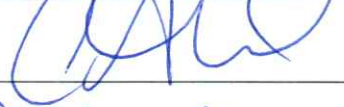
**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N**  **MONITORING OF DIABETES 19a-79-13 Y/N**

<input checked="" type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172.		<u>STAFF TRAINING</u>
<input checked="" type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		<input checked="" type="checkbox"/> (b)(1)(A)	Staff training – first aid
<input checked="" type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation		<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24		<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/> 152.	(b)(5)	Staff awake and available		<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input checked="" type="checkbox"/> 153.		<u>SLEEP PROVISIONS</u>	<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
	<input checked="" type="checkbox"/> (b)(6)	Individual cot/crib with bedding		(c)(3)	Self-administration - written authorization and under supervision of trained staff
	<input checked="" type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment provided by parents
	<input checked="" type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175.	(d)(2)	Equipment labeled and inaccessible
	<input checked="" type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
	<input checked="" type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly			Authorized prescriber written order
	<input checked="" type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 177.	(e)(1)	Written authorization from parent
<input checked="" type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 178.	(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/> 179.	(e)(3)	
<input checked="" type="checkbox"/> 156.	(b)(10)	Local health approval			

**ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N**  **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			<u>N/A</u>
<input checked="" type="checkbox"/> 159.		<u>NONPRESC. TOPICAL MEDICATION</u>			
	<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.		<u>MEDICATION TRAINING</u>			
	<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 <u>N/A</u>			

**DISCUSSIONS - COMMENTS**

<b>SIGNATURE OF OEC STAFF</b>			<b>SIGNATURE OF PERSON IN CHARGE</b>
<b>PRINTED NAME</b>	Cathy Andesar	Carolina Ahumada	<b>PRINTED NAME</b>

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: <u>3-4-25</u>
	<b>CAP:</b> <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Family First in Education License # 70671 Date: 2-18-25  
mead Ave

Observations/Corrections needed:

" Policy review checklist provided during inspection highlighting changes to the Child Care regulations, effective 10-16-24. Program must ensure policies are updated to reflect new requirements."

Regulation not in compliance when:

#12-Daily attendance are not on site from 1-3-25 - 2-14-25

#31-no documentation that any staff on site are CPR Certified (send copies)

~~#32~~ #32-no documentation that any staff on site are First Aid Certified (send copies)

#33(a)(2) - 2 out of 7 staff do not have documentation of Policy training

#40<sup>s</sup> Care Plans on site are not signed by all staff responsible for child

#46-no documentation the head teacher is on site 60%

#161 - 2 forms are expired, 1 without date ranges and 1 Epi-pen with out a form on site

#2-Child who needs Benadryl on site and it is not on site.

→ 1 Child with a history of seizures without a Care Plan on site.

Discussed:

New regulations

Policy training documentation needs employee name and year

1 Child health record is not complete

1 Child enrollment form missing parent business address

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: Cathy Anderson  
(OEC Representative)

Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Carolina Ahumada  
(Person in Charge)

OEC BY: 3-4-25

Print Name: Carolina Ahumada