

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



INSPECTION REPORT - GROUP CHILD CARE HOME

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

| | | |
|-------------------------------------|-----------------------|---------------------------|
| My First Steps Group Child Care | 2/19/25 | 12:35 pm |
| 138 Bonner St | 00014 | 2/28/26 |
| Hartford, CT 06106 | 99-221-9617 | Open |
| My First Steps Group Child Care LLC | # of Staff Present: 3 | # over 3 Present: 4 |
| nava.nr.fevm2024@gmail.com | Total Capacity: 12 | Total Under 3 capacity: 8 |
| Silvia Casas | | # under 3 Present: 1 |
| | | Ages Served: 6 weeks |
| | | Served: 12 years |
| | | M-F 7:00 - 6:00 |

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

LICENSURE PROCEDURES 104-71-24 **STAFFING AND COMPLIANCE 104-71-24**

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: <u>1/30/24</u> | <input checked="" type="checkbox"/> 19. (a)(1) | Staff health records |
| | <input checked="" type="checkbox"/> 20. (a)(3) | Disciplinary actions |
| | <input checked="" type="checkbox"/> 21. (b) | Comprehensive Background Checks |
| | <input checked="" type="checkbox"/> 22. (b)(4) | Evidence of compliance |
| | <input checked="" type="checkbox"/> 23. (d) | Adequate staffing |
| | <input checked="" type="checkbox"/> 24. (d)(1) | Designated head teacher-approved-60% |
| | <input checked="" type="checkbox"/> 25. (d)(2) | Two staff present-age 18 or older |
| | <input checked="" type="checkbox"/> 26. (d)(3)(A-C) | Personal qualities of staff |
| | <input checked="" type="checkbox"/> 27. (d)(4)(A) | RATIOS |
| | <input checked="" type="checkbox"/> 28. (d)(4)(B) | Ratio 1:10 - Indoors/Outdoors |
| | <input checked="" type="checkbox"/> 29. (d)(4)(D) | Mixed age group-ratios |
| | <input checked="" type="checkbox"/> 30. (d)(5) | Nap time ratio |
| | <input checked="" type="checkbox"/> 31. (e)(1) | Supervision-Indoors/Outdoors |
| | <input checked="" type="checkbox"/> 32. (f)(1) | GROUP SIZE |
| | <input checked="" type="checkbox"/> 33. (f)(2) | Group Size-Indoors/Outdoors |
| | <input checked="" type="checkbox"/> 34. (a)(2) | Group Size-school age field trips/outdoors |
| | <input checked="" type="checkbox"/> 35. (h)(1)(2) | Mixed age group-group size |
| | <input checked="" type="checkbox"/> 36. (h)(1)(2) | Designated director-training |
| | <input checked="" type="checkbox"/> 37. (i)(1)(A)-(D) | CPR certified program staff |
| | <input checked="" type="checkbox"/> 38. (i)(2)(A)-(H) | First aid certified program staff |
| | <input checked="" type="checkbox"/> 39. (i)(2) | PROFESSIONAL DEVELOPMENT |
| | <input checked="" type="checkbox"/> 40. (H)(i)-(I)(i) | Documentation |
| | | 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 (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 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | Health <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |
| | | Soc. Serv. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | Dietitian <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

ADMINISTRATION 104-71-24

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

My First Steps Group Child Care

LICENSE NUMBER 80014 DATE OF INSPECTION 2/19/25

RECORD KEEPING 19a-79-7a

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

PHYSICAL PLANT 19a-79-7a cont.

| | | |
|--|----------------|---|
| <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 (Schl age only- N/A) |
| <input checked="" type="checkbox"/> 75. | (d)(4) | Glass and mirrors protected to 36" |
| <input checked="" type="checkbox"/> 76. | (d)(5) | Glass and mirrors protected to 36" |
| <input checked="" type="checkbox"/> 77. | (d)(6), (f)(3) | Overhead doors-locking devices, spring protectors |
| <input checked="" type="checkbox"/> 78. | (d)(7) | Exits, stairs, hallways unobstructed |
| <input checked="" type="checkbox"/> 79. | (d)(8) | Individual storage of clothing/bedding |
| <input checked="" type="checkbox"/> 80. | (d)(8) | Smoking or vaping prohibited on premises/grounds |
| <input checked="" type="checkbox"/> 81. | (d)(9) | Matches/lighters inaccessible |
| <input checked="" type="checkbox"/> 82. | | Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) |
| <input checked="" type="checkbox"/> (d)(10)(A) | | TOILETING |
| <input checked="" type="checkbox"/> (d)(10)(B) | | Shared toilets/sinks-supervision plan |
| <input checked="" type="checkbox"/> (d)(10)(C) | | Toileting needs met |
| <input checked="" type="checkbox"/> (d)(10)(C) | | Potty chairs-nonporous, emptied, disinfected |
| <input checked="" type="checkbox"/> (d)(10)(D) | | Required toilets/sinks-1:16 |
| <input checked="" type="checkbox"/> (d)(10)(E) | | Required toilets/sinks-1:25 schl age only |
| <input checked="" type="checkbox"/> (d)(10)(E) | | Toileting Supplies-Hand drying-Garbage |
| <input checked="" type="checkbox"/> (d)(10)(F) | | Handwashing staff/children |
| <input checked="" type="checkbox"/> (d)(10)(G) | | Toilets/sinks located-at the facility or licensed premises |
| <input checked="" type="checkbox"/> (d)(10)(H) | | Well lighted/ventilated toilet rooms |
| <input checked="" type="checkbox"/> (d)(11) | | Mechanical ventilation (Grp Homes N/A) |
| <input checked="" type="checkbox"/> (e)(1) | | Staff personal articles inaccessible |
| <input checked="" type="checkbox"/> (e)(1) | | AIR TEMPERATURE |
| <input checked="" type="checkbox"/> (e)(2) | | Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) |
| <input checked="" type="checkbox"/> (e)(3) | | Air temp <65°F comfortable (Schl age only-N/A) |
| <input checked="" type="checkbox"/> (e)(4) | | Air temp > 80 °F - ↑ fluids/ventilation |
| <input checked="" type="checkbox"/> (e)(5) | | Water temperature 60 °F - 120 °F |
| <input checked="" type="checkbox"/> (e)(6) | | Portable space heaters prohibited |
| <input checked="" type="checkbox"/> (e)(7) | | Walls/ceilings/floors/rugs-clean/good repair |
| <input checked="" type="checkbox"/> (e)(7) | | Rugs- not tripping/slipping hazard |
| <input checked="" type="checkbox"/> (e)(7) | | Hot water/Steam pipes protected |
| <input checked="" type="checkbox"/> (e)(7) | | Working phone on each level |
| <input checked="" type="checkbox"/> (e)(8) | | Emergency numbers posted-adjacent to phones |
| <input checked="" type="checkbox"/> (e)(9) | | Parents provided direct on site phone number |
| <input checked="" type="checkbox"/> (e)(9) | | LIGHTING |
| <input checked="" type="checkbox"/> (e)(9) | | All areas min. 1 foot candle of lighting |
| <input checked="" type="checkbox"/> (e)(10) | | Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible |
| <input checked="" type="checkbox"/> (e)(11) | | Schl age only-lighting for comfort |
| <input checked="" type="checkbox"/> (e)(12) | | Light fixtures shielded/shatter proof |
| <input checked="" type="checkbox"/> (e)(13) | | Potentially hazardous substances, materials - labeled, inaccessible |
| <input checked="" type="checkbox"/> (e)(14-15) | | Garbage/rubbish-disposed of daily, container in good repair |
| <input checked="" type="checkbox"/> (e)(16) | | Stairs-protected/good repair-handrails |
| <input checked="" type="checkbox"/> (e)(17) | | Toxic plants/materials inaccessible |
| <input checked="" type="checkbox"/> (e)(18) | | Pets or other animals-in good health, written care plan including access to children |
| <input checked="" type="checkbox"/> (f)(1)(A) | | Prevention of vermin-openings screened |
| <input checked="" type="checkbox"/> (g)(1) | | Radon test- Results: 50.3 N/A |
| <input checked="" type="checkbox"/> (g)(2) | | Results posted-Date: 11/21/17 (Schls-N/A) |
| <input checked="" type="checkbox"/> (g)(3) | | Carbon monoxide detector-each level N/A |
| <input checked="" type="checkbox"/> (g)(4) | | 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 |

HEALTH and SAFETY 19a-79-6a

| | | |
|---|---------|--|
| <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 <u> </u> (N/A) |
| <input checked="" type="checkbox"/> 51. | (a)(6) | Kitchen-clean, safe storage of food/supplies |
| <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 (Schl age only 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. | (c) | FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips |
| <input checked="" type="checkbox"/> 60. | (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"/> 61. | (d) | FIRST AID SUPPLIES-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags |

PHYSICAL PLANT 19a-79-7a

| | | |
|---|-------------|--|
| <input checked="" type="checkbox"/> 62. | (a)(2) | Fire marshal codes/certificate 11/21/24 |
| <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 established |
| <input checked="" type="checkbox"/> 67. | (c)(3) | Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) |
| <input checked="" type="checkbox"/> 68. | (c)(4) | Testing of premises/grounds for chemicals |
| <input checked="" type="checkbox"/> 69. | (c)(5)(A) | WATER SUPPLY - Public/Well (Schools-N/A) |
| | (c)(5)(B) | Lead Water Test - Date: 10/04/24 |
| | (c)(5)(C) | Bact./Chem Test-Date: <u> </u> (N/A) |
| <input checked="" type="checkbox"/> 70. | (c)(6)(A) | Drinking water available/accessible |
| | (c)(6)(B-D) | LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78 Y/N Lead Test Y/N Results: No lead identified |
| <input checked="" type="checkbox"/> 71. | (d)(1) | Lead Management Plan <u> </u> |
| | | Emergency vehicle access |

| | | |
|--|------------|--|
| <input checked="" type="checkbox"/> 95. | (e)(10) | |
| <input checked="" type="checkbox"/> 96. | (e)(11) | |
| <input checked="" type="checkbox"/> 97. | (e)(12) | |
| <input checked="" type="checkbox"/> 98. | (e)(13) | |
| <input checked="" type="checkbox"/> 99. | (e)(14-15) | |
| <input checked="" type="checkbox"/> 100. | (e)(16) | |
| <input checked="" type="checkbox"/> 101. | (e)(17) | |
| <input checked="" type="checkbox"/> 102. | (e)(18) | |
| <input checked="" type="checkbox"/> 103. | (f)(1)(A) | |
| <input checked="" type="checkbox"/> 104. | (g)(1) | |
| <input checked="" type="checkbox"/> 105. | (g)(2) | |
| <input checked="" type="checkbox"/> 106. | (g)(3) | |
| <input checked="" type="checkbox"/> 107. | (g)(4) | |

CHILD CARE CENTER AND CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: My First Steps Group Child Care LICENSE NUMBER: 80014 DATE OF INSPECTION: 2/19/25

PHYSICAL PLANT 19a-79-7a

- 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
 - (h)(1) Adequate space- 75 sq. ft. per child
 - (h)(2) Shock absorbing surfaces-minimum 8"
 - (h)(3) Playground free from hazards
 - (h)(4) Nuts, bolts, screws-tight, covered/protected
 - (h)(5) Outside equipment anchored-anchors buried
 - (h)(6) New equip- cert playg. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. OUTDOOR PROTECTED/FENCING
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
- 113. FENCES
 - (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
- 114. WATER HAZARDS
 - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 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, physical activity
 - (b) Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10

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

UNDER THREE ENDORSEMENT 19a-79-10 YN

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)
- 120. (c)(4) Physical barriers- 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-in compliance w/CPSC (manf. after 6/28/11)
- 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
 - (e)(2) Diaper area: used only for this purpose, located in the program area
 - (e)(3) Diaper area: non-porous surface/good repair
 - (e)(4) Diaper area: washed/disinfected after use
 - (e)(5) Diaper area: disposable paper sheets
 - (e)(6)(9) Covered waste receptacle-removed daily
 - (e)(7) Handwashing-staff/children
 - (e)(8) Diapering-Handwashing policies-posted/followed
 - (e)(10)(A-C) Cloth diapers-written plan developed

SCHOOL AGE ENDORSEMENT 19a-79-11 YN

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

My First Steps Group Child Care

80014

2/19/19

NIGHT CARE 19-79-9

MONITORING OF DIABETES 19-79-11

| | | | |
|--------------------------|------|-----------|--|
| <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 |

NA

| | | | |
|-------------------------------------|------|-----------|---|
| <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 |
| <input checked="" type="checkbox"/> | | (i)-(iii) | Training updated at least every 3 years |
| <input checked="" type="checkbox"/> | | (b)(2) | Written documentation of training |
| <input checked="" type="checkbox"/> | | (b)(3) | Trained staff on site when child is present |
| <input checked="" type="checkbox"/> | | (c)(2) | Self-administration - written authorization and under supervision of trained staff |
| <input checked="" type="checkbox"/> | 173. | (c)(3) | Equipment provided by parents |
| <input checked="" type="checkbox"/> | 174. | (d)(1) | Equipment labeled and inaccessible |
| <input checked="" type="checkbox"/> | 175. | (d)(2) | Signed agreement with parent regarding equipment, supplies, materials to be discarded |
| <input checked="" type="checkbox"/> | 176. | (d)(3) | Authorized prescriber written order |
| <input checked="" type="checkbox"/> | 177. | (e)(1) | Written authorization from parent |
| <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"/> | 179. | (e)(3) | |

ADMINISTRATION OF MEDICATIONS 19-79-9

ADDITIONAL VIOLATION

| | | | |
|-------------------------------------|------|-------------|---|
| <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 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 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 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 |

| | | | |
|-------------------------------------|------|---|--|
| <input checked="" type="checkbox"/> | 180. | - | Consent Order/Negotiated Corrective Action Plan conditions |
|-------------------------------------|------|---|--|

N/A

DISCUSSIONS - COMMENTS

"Policy Review checklist provided during inspection highlighting changes to the child care center program child care home regulations, effective October 16, 2018. Program must ensure policies are updated to reflect new requirements."

"Updated complaint procedure was provided to program."

| | |
|------------------------|--------------|
| SIGNATURE OF OEC STAFF | |
| PRINTED NAME | Johanne Salo |

| | |
|-------------------------------|--------------|
| SIGNATURE OF PERSON IN CHARGE | |
| PRINTED NAME | Silvia Casas |

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: 3/5/25

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: My First Steps Group Child Care License # 80014 Date: 2/19/25

Observations/Corrections needed:

- Regulation was not in compliance when:
- No infants were enrolled at time of visit
- Items left blank will be inspected at a later date due to snow coverage. Program must ensure outdoor area is safe and hazard free.

- #35 (i)(2)(A-H): Observed 2 consultant agreements without required services per new regulation
- #35(F): Observed no documentation of annual review of policies by Education Consultant.
- #22 (b)(4): Program could not show evidence of Background check for 2 staff.
- #37 (a)(1)(D)(i) Observed no ~~of~~ authorization to release other than parent for 2 children.
- #40 (a)(2)(E): Observed no individual care plan for a child with asthma
- #161 (b)(3)(A-B): Observed authorized prescriber's form without parent signature.
- #164 (b)(9)(A-B): Observed asthma medication without label ~~and~~

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]
(OEC Representative)

Print Name: Shanique Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/5/25

Signature: [Signature]
(Person in Charge)
Print Name: Silvia Cajas