

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



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

First Path Academy		5/12/25	8:00 am
264 School St.		Pending	—
Bloomfield, Ct 06002		860-200-2879	Open
First Path Academy Inc	# of Staff Present: —	# over 3 Present: —	# under 3 Present: —
firstpathacademy25@gmail.com	Total Capacity: —	Total Under 3 capacity: —	Ages 6 weeks Served: 12 years
Jessica Salvacion	M-F 6:00am - 6:00pm		

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

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 3/28/25	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher—approved-60%
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present—age 18 or older
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 27.	RATIOS
<input type="checkbox"/> 11.		POLICIES-COMLETE/IMPLEMENTED	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Ratio 1:10 – Indoors/Outdoors
<input type="checkbox"/> (d)(2)(A)		Discipline policy	<input checked="" type="checkbox"/> 29. (d)(5)	Mixed age group
<input type="checkbox"/> (d)(2)(B)(C)		Child Protection policy	<input checked="" type="checkbox"/> 30. (e)(1)	Nap time ratio
<input type="checkbox"/> (d)(3)		Closing time policy	<input checked="" type="checkbox"/> 31. (f)(1)	Supervision—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A)		Medical emergency policy	<input checked="" type="checkbox"/> 32. (f)(2)	GROUP SIZE
<input type="checkbox"/> (d)(4)(B)		Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33. (a)(2)	Group Size—Indoors/Outdoors
<input type="checkbox"/> (d)(5)		Supervision policy	<input checked="" type="checkbox"/> 34. (h)(1)	Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6)		General Operating policies	<input checked="" type="checkbox"/> 35. (h)(2)	Mixed age group—group size
<input type="checkbox"/> (d)(6)(C)		Administrative Oversight policy	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Designated director-training
<input checked="" type="checkbox"/> (d)(7)		Personnel policies	<input checked="" type="checkbox"/> (4)(C)(i)	CPR certified program staff
<input checked="" type="checkbox"/> 12. (d)(1)		Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (e)(6)	First aid certified program staff
<input checked="" type="checkbox"/> 13.		ACCESS	<input checked="" type="checkbox"/> (e)(6)	PROFESSIONAL DEVELOPMENT
<input type="checkbox"/> (f)		Immediate access by parents	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Documentation of prof. dev/trainings
<input type="checkbox"/> (h)		Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (j) -	Health & Safety training
<input checked="" type="checkbox"/> 14. (l)		2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (i)(2)(A-H)	1% annual hours
<input checked="" type="checkbox"/> 15. (m)		Motor vehicle laws—transportation	<input checked="" type="checkbox"/> (F)	SWIMMING ACTIVITIES - YN
<input checked="" type="checkbox"/> 16. (n)		Capacity	<input checked="" type="checkbox"/> (i)(2)	Swimming-Ratios
<input checked="" type="checkbox"/> 17. (o)		Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Non-swimmers identified
<input type="checkbox"/> 18.		POSTINGS		CPR certified staff—age 20 or older
<input type="checkbox"/> 3a(e)(1)		License posted		Lifeguard—certified—supervising
<input type="checkbox"/> 3a(e)(2)		OEC Complaint Procedure posted		CONSULTANTS
<input type="checkbox"/> 3a(d)(6)(C)		Administrative Oversight policy		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input type="checkbox"/> 3a(e)(3)		Menus posted		Consultant agreements-signed annually-agreements complete w/required services
<input type="checkbox"/> 3a(e)(4)		No Smoking posted signs at entrances		Consultant logs—documented activities, observations and required services
<input type="checkbox"/> 3a(e)(5)		OEC Inspection report posted or available		Consultant visits- Education/Health
<input type="checkbox"/> 3a(e)(6)		Dev. Milestones posted		Contracts Logs Visits
<input type="checkbox"/> 7a(e)(17)		Radon Test posted (Schls-N/A)		Education ✓
<input type="checkbox"/> 10((g)(8)		Safe Sleep policy posted		Health ✓
				Soc. Serv. ✓
				Dietitian —

First Path Academy

Renewing

5/12/25

REGULATORY REQUIREMENTS

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

HEALTH AND SAFETY

<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 (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<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 (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.	<input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers/2 cold packs, thermometer, gloves, <u>CPR mouth barrier</u> FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 2/28/25
<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
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public Well (Schools-N/A) Lead Water Test - Date: 3/6/25 Bact./Chem Test-Date: (N/A) Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____ Peeling Paint - Y/N Inside/Outside

PHYSICAL PLANT (continued)

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<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
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 81.	<input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(9)	Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H)	TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 86.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 88.	<input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5)	WALLS/CEILINGS/FLOORS/RUGS Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/> 90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)	TELEPHONE/TELEPHONE NUMBERS Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9)	LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 96.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 97.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 98.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 99.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 100.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 101.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/> 102.	(e)(17)	Radon test- Results: <u>N/A</u> (Schls-N/A)
<input checked="" type="checkbox"/> 103.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 104.	(f)(1)(A) <input checked="" type="checkbox"/> (g)(1)	Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 107.	(g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME

Frost Path Academy

LICENSE NUMBER

Reading

DATE OF INSPECTION

5/12/25

PHYSICAL PLANT 19a-79-10

UNDER THREE ENDORSEMENT 19a-79-10 cont.

- 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 play. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. **OUTDOOR PROTECTED/FENCED**
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
 - (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 (N/A)
- 114. **WATER HAZARDS**
 - (i) Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 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, moderate and vigorous physical activity that takes place outdoors
 - (b) Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

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-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
- 120. (c)(4) Physical barriers separating each group of children- 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/Pack-n-Plays -in compliance w/CPSC
- 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

- 128.
 - (e)(2)
 - (e)(3)
 - (e)(4)
 - (e)(5)
 - (e)(6-9)
 - (e)(7)
 - (e)(8)
 - (e)(10)(A-C)
- 129.
 - (f)(1)
 - (f)(2)
 - (f)(3)
 - (f)(4)
- 130.
 - (g)(1)
 - (g)(1)
 - (g)(1)
 - (g)(2)
 - (g)(3)
 - (g)(4)
 - (g)(5)
 - (g)(6)
 - (g)(7)
 - (g)(8)
- 131.
 - (h)(1)
 - (h)(1)
 - (h)(2)
 - (h)(2)
- 135. (i)(1)(2A-C)
- 136.
 - (j)
 - (k)(1)
 - (k)(2)
 - (k)(3)
 - (k)(4)
 - (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

- DIAPERING cont.**
 - Diaper area: used only for this purpose, located in the program area
 - Diaper area: non-porous surface/good repair
 - Diaper area: washed/disinfected after use
 - Diaper area: disposable paper sheets
 - Covered waste receptacle-removed daily
 - Handwashing-staff/children
 - Diapering-Handwashing policies-posted/followed
 - Cloth diapers-written plan developed
- LINENS/CLOTHING**
 - Linens/emergency clothing available
 - Linens washed weekly or as needed
 - Linens/clothing stored individually
 - Cribs/cots cleaned-linens changed when shared
- SAFE SLEEP**
 - Under 12 mths placed on back for sleeping
 - Crib-snug fitting mattress/tightly fitted sheet
 - Alternate sleep position/equipment-medical documentation for medical reason on file
 - Infants allowed to adopt other sleep positions
 - No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 - No unapproved sleeping-car seats/swings/beds, etc.
 - No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 - Observe/assess infants at least every 15 minutes
 - Teething necklaces/bracelets, jewelry inaccessible
 - Safe sleep policies - parents informed
- TOYS AND OTHER OBJECTS**
 - Infant toys-separate/washed/sanitized daily
 - Toddler toys-washed/sanitized weekly
 - No toys/objects less than 1 1/4" diameter
 - Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
 - Health consultant visits/documentation
- FEEDING**
 - Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 - Written feeding schedule from parent-updated
 - Unused formula/milk discarded after feedings
 - Clean bottles/disposable bottles/appvd washing
 - Baby food served from dish or whole jar
 - Bottles labeled with child's name
 - Outdoor spaced fenced-4 ft (lic. after 1/1/25)
- Outdoor equipment-developmentally appropriate for ages of the children
- Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

SCHOOL AGE ENDORSEMENT 19a-79-11 (YN)

- 140. (b)
- 141.
 - (c)
 - (c)(1)
 - (c)(2)
 - (c)(3)
- 143. (d)
- 144. (e)

- Approved Schl Age Endorsement
- SCHEDULE - ACTIVITIES**
 - Written daily program plan-flexible schedule- available to staff/parents
 - Activities not a duplication of child's day
 - 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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

Program Name: First Path Academy **Status:** Pending **Inspection Date:** 5/12/25

SCHOOL AGE ENDORSEMENT 19a-79-11

MONITORING OF DIABETES 19a-79-13

- 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 146. (g) Designated Head teacher approved- 60%

- 171. (a)(1) Written policies and procedures
- 172. **STAFF TRAINING**
 - (b)(1)(A) Staff training – first aid
 - (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
 - (i)-(iii) Training updated at least every 3 years
 - (b)(2) Written documentation of training
 - (b)(3) Trained staff on site when child is present
 - (c)(2) Self-administration - written authorization and under supervision of trained staff
 - (c)(3) Equipment provided by parents
 - 173. (d)(1) Equipment labeled and inaccessible
 - 174. (d)(2) Signed agreement with parent regarding equipment, supplies, materials to be discarded
 - 175. (d)(3) Authorized prescriber written order
 - 176. (e)(1) Written authorization from parent
 - 177. (e)(2) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
 - 178. (e)(3)
 - 179. (e)(3)

NIGHT CARE ENDORSEMENT 19a-79-12

- 147. (b) Approved Night Care Endorsement
- 148. (b)(1) Person in charge-head teacher
- 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
- 150. (b)(3) Written plan for supervision including cot placement and evacuation
- 151. (b)(4) Children in care no more than 12 hrs. in 24
- 152. (b)(5) Staff awake and available
- 153. **SLEEP PROVISIONS**
 - (b)(6) Individual cot/crib with bedding
 - (b)(6)(A) Sleeping apparel/toiletries labeled
 - (b)(6)(B) Required bedding
 - (b)(6)(C) Required toiletries
 - (b)(6)(D) Bedding/sleeping apparel laundered weekly
 - (b)(7) Sleep arrangements for infants
- 154. (b)(8) Air temp 65 °F at 3 ft
- 155. (b)(9) Fire marshal approval-hours specified
- 156. (b)(10) Local health approval

ADMINISTRATION OF MEDICATIONS 19a-79-9

ADDITIONAL VIOLATION

- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. **NONPRESC. TOPICAL MEDICATION**
 - (a)(2) Admin/Parent permission/report errors
 - (a)(3)(A-B) Labeling and Storage
 - (a)(3)(C) Unused/expired meds destroyed/returned
- 160. **MEDICATION TRAINING**
 - (b)(1)(A/C) Medication training-general-oral/top/inhalant
 - (b)(1)(D) Injectable premeasured autoinjector medication
 - (b)(1)(E) Rectal medication
 - (b)(1)(F) Injectable other than premeasured auto-injector
 - (b)(2)(A-B) Training approval documents/certificates
 - (b)(2)(C) Training outline on file
- 161. (b)(3)(A-B) Authorized prescriber/parent permission
- 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 163. (b)(4)(A-B) Medication Administration Records (MAR)
- 164. (b)(5)(A-B) Labeling and Storage
- 165. (b)(5)(C) Emergency medication inaccessible
- 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 167. (b)(5)(E) Auto-injector/inhalant equipment
- 168. (b)(6) Self-administration documentation
- 169. (b)(7)(A-B) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff: Johanne Dabo
Printed Name: Johanne Dabo

Signature of person in charge: Jessica Salvador
Printed Name: Jessica Salvador

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

Inspector shall be posted or available for review upon request.
Written Corrective Action Plan
 Due by: Prior to licensing
CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: First Bth Academy License # Pending Date: 5/12/25

Observations/Corrections needed:

- All items were discussed and observed at time of visit.
- Items left blanks were not inspected and will be inspected at a later date (outdoor area).
- Measurements of rooms and outdoor area will be done at a later date.

- Regulations was not in compliance when...
 - #86 Water temperature exceeded 120° (measured 131.7)
 - #11: Observed incomplete policies (disc, child protection, multi-hazards, adm. oversight)
 - #18: Observed no posting
 - #59: Observed incomplete first aid kit
 - #112 (n)(7)(A): Program is located on a busy road outdoor area not fenced.
 - #122: Observed 1 pack-n-play, no documentation of compliance w CPSC.
 - #137: No outdoor fence observed for under 3 children (4 ft)
- Discussion: Written statement Fire Place.
 - : Written plan skived bathroom.
- #75: Observed glass (4 windows) not protected to 36"

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: Johanne Tallo

CORRECTIVE PLAN SHALL BE RETURNED TO
 OEC BY: Prior to licensing

Signature: [Signature]
 (Person in Charge)
 Print Name: Jessica Salvada