

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

Family First in Education	5-15-25	3:25 PM
184 Hamilton Ave	70575	9-30-28
Greenwich	364- ²⁰³ 9483	Closed
Family Centers INC	# of Staff Present: 5	# over 3 Present: 33
Cahumada@familycenters.org	Total Capacity: 44	Total Under 3 capacity: 0
Carolina Ahumada		# under 3 Present: 0 Ages Served: 5-11 years
		M-F 3-6pm

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: <u>10-7-29</u>	<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. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11.		POLICIES-COMLETE/IMPLEMENTED	<input checked="" type="checkbox"/> (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(A)		Discipline policy	<input type="checkbox"/> (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(2)(B)(C)		Child Protection policy	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(3)		Closing time policy	<input checked="" type="checkbox"/> 29. (d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A)		Medical emergency policy	<input checked="" type="checkbox"/> (d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(B)		Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)		Supervision policy	<input checked="" type="checkbox"/> (e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6)		General Operating policies	<input checked="" type="checkbox"/> 30. (f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6)(C)		Administrative Oversight policy	<input checked="" type="checkbox"/> 31. (f)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(7)		Personnel policies	<input checked="" type="checkbox"/> 32. (f)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 12. (d)(1)		Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 33. (a)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 13. (f)		ACCESS	<input type="checkbox"/> (h)(1)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (h)		Immediate access by parents	<input checked="" type="checkbox"/> (h)(2)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 14. (l) NA		Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	Health & Safety training
<input checked="" type="checkbox"/> 15. (m)		2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (4)(C)(i)	1% annual hours
<input checked="" type="checkbox"/> 16. (n)		Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 17. (o)		Capacity	<input checked="" type="checkbox"/> (e)(6)	Swimming-Ratios
<input checked="" type="checkbox"/> 18. (a)		Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 35. (i)(1)(A)-(D)	Non-swimmers identified
<input checked="" type="checkbox"/> 3a(e)(1)		POSTINGS	<input checked="" type="checkbox"/> (i) -	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 3a(e)(2)		License posted	<input checked="" type="checkbox"/> (i)(2)(A-H)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(e)(3)		OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (F)	CONSULTANTS
<input checked="" type="checkbox"/> 3a(d)(6)(C)		Administrative Oversight policy	<input checked="" type="checkbox"/> (i)(2)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(e)(4)		Menus posted	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(5)		No Smoking posted signs at entrances		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(6)		OEC Inspection report posted or available		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 7a(e)(17)		Dev. Milestones posted		
<input checked="" type="checkbox"/> 10(g)(8)		Radon Test posted (Schls-N/A)		
		Safe Sleep policy posted NA		

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

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

46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
 47. (a)(2) Nutritious meals and snacks
 48. (a)(3) Proper refrigeration-41 degrees
 49. (a)(4) Menus-1 wk in advance- keep 3 mths
 50. (a)(5) Food Service Inspection (N/A)
 51. (a)(6) Kitchen-clean/safe storage of food/supplies (N/A)
 52. (a)(7) Separate hand washing facilities
 53. (a)(8) Multi-use eating/drinking utensils
 54. (a)(9) Kitchen separated (N/A)
 55. (a)(10) Children supervised during meal prep
 56. (a)(11) Handwashing-staff/children
 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
 58. (b)(2) Designated isolation area
 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
 (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
 (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

62. (a)(2) Fire marshal codes/certificate 8-3029
 63. (b) Indoor/Outdoor space inspected/approved
 64. (b)(1)-(5) Construction/expansion/renovation/conversion
 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program
 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
 68. (c)(4) Testing of premises/grounds for chemicals
 69. (c)(5)(A) WATER SUPPLY - Public Well (Schools-N/A)
 (c)(5)(B) Lead Water Test - Date: _____
 (c)(5)(C) Bact./Chem Test-Date: _____ (N/A)
 70. (c)(6)(A) Drinking water available/accessible
 (c)(6)(B-D) LEAD PAINT - Building Pre-78: Y (N) Lead Test: Y (N) Results NA
 (c)(6)(B-D) Lead Management Plan NA
 Peeling Paint - Y (N) Inside/Outside

71. (d)(1)
 72. (d)(2)
 73. (d)(3)
 74. (d)(3)
 75. (d)(4)
 76. (d)(5)
 77. (d)(6), (f)(3)
 78. (d)(7)
 79. (d)(8)
 81. (d)(8)
 82. (d)(9)
 (d)(10)(A)
 (d)(10)(B)
 (d)(10)(C)
 (d)(10)(C)
 (d)(10)(E)
 (d)(10)(E)
 (d)(10)(F)
 (d)(10)(G)
 (d)(10)(H)
 83. (d)(11)
 84. (e)(1)
 86. (e)(2)
 87. (e)(3)
 88. (e)(4)
 90. (e)(5)
 91. (e)(5)
 94. (e)(6)
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 95. (e)(10)
 96. (e)(11)
 97. (e)(12)
 98. (e)(13)
 99. (e)(14-15)
 100. (e)(16)
 101. (e)(17)
 102. (e)(18)
 103. (f)(1)(A)
 104. (g)(1)
 105. (g)(2)
 106. (g)(3)
 107. (g)(4)

Emergency vehicle access
 Walkways maintained
 Windows protected to prevent falls
 Window screens
 Glass/mirrors protected- 36"
 Overhead doors-locking devices, spring protectors (N/A)
 Exits, stairs, hallways unobstructed (N/A)
 Individual storage of clothing and bedding
SMOKING
 Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
 Matches/lighters inaccessible
 Electrical safety - outlets inaccessible - covered or protected
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)
 Staff personal articles inaccessible
AIR TEMPERATURE
 Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
 Air temp > 80 °F - ↑ fluids/ventilation
 Water temperature 60°F-120°F - NA
 Portable space heaters prohibited
WALLS/CEILINGS/FLOORS/RUGS
 Walls/ceilings/floors/rugs-clean/good repair
 Rugs- not a tripping/slipping hazard
 Hot water/Steam pipes protected
TELEPHONE/TELEPHONE NUMBERS
 Working phone on each level
 Emergency numbers posted-adjacent to phones
 Parents provided direct on site phone number
LIGHTING
 All areas min. 1 foot candle of lighting
 Adequate lighting-30/50 candle feet-sufficient lighting to be visible
 Enough 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
 Measures to prevent vermin
 Radon test- Results: _____ (Schls-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, free from rust
 Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
 Air conditioners/water heaters/fuse boxes inaccessible
 Developmentally app equipment, materials

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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.		OUTDOOR SPACE
	<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.		OUTDOOR PROTECTED/FENCED
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
	<input checked="" type="checkbox"/> (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 (N/A)
<input checked="" type="checkbox"/> 114.		WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
	<input checked="" type="checkbox"/> (j)	Wading pools prohibited
	<input checked="" type="checkbox"/> (k)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS
	<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, moderate and vigorous physical activity that takes place outdoors
	<input checked="" type="checkbox"/> (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 19-78-10

<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-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/> 120.	(c)(4)	Physical barriers separating each group of children- 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/Pack-n-Plays -in compliance w/CPSC
<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.		DIAPERING
	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

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

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
	<input checked="" type="checkbox"/> (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
		Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

Family First in Education

70575

5-15-25

CHILD AGE AND DEVELOPMENT (36-99)

<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%

MONITORING EQUIPMENT (100-110)

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

PERSONNEL (110-130)

<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
	(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
<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

ADMINISTRATION OF MEDICATIONS (160-190)

<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
	(a)(2)	Admin/Parent permission/report errors
	(a)(3)(A-B)	Labeling and Storage
	(a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 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
<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 checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible
<input 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 (N/A)

ADDITIONAL FINDINGS

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

New Regulations provided Policy Checklist highlighted items that need updating

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

Cathy Chen
Cathy Anderson

Carolina Ahumada

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: oeclicensing@ct.gov

Written Corrective Action Plan
Due by: *5-29-25*

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Family First in Education License # 70575 Date: 5-15-25

Observations/Corrections needed:

Regulation not in Compliance when:
4D-Care Plans not signed by all staff
161-3 parent sector not complete and 1 expired
166-3 medications on site expired

Discussed
1 Inhaler needs a spacer
1 Child without a health record on site

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 Annan

Print Name: Cathy Annan (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

OEC BY: 52927

Print Name: Carolina Anumada (Person in Charge)