



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



CHILD CARE CENTER/GROUP CHILD CARE HOME
SCHOOL AGE ONLY INSPECTION FORM

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

| | | | | | |
|----------------------|-----------------------------|---------------------|-----------------|---------------------|----------|
| Program Name: | Family First in Education - | Date of Inspection: | 5-2-25 | Time of Arrival: | 3:30 PM |
| Address: | 180 East Elm St Elm St | License Number: | 70591 | Expiration Date: | 11-30-28 |
| Town: | Greenwich | Telephone Number: | 203 816-8461 | Summer Care: | Closed |
| Operator: | Family Centers INC | # of Staff Present: | 2 | # children Present: | 14 |
| Email: | Cahumada@familycenters.org | Ages Served: | 5-12 4/5 | Total Capacity: | 40 |
| Designated Director: | Carolina Ahumada | Days of Operation: | M-F | Hours of Operation: | 3-6 PM |

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

LICENSURE PROCEDURES 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 12-1-24

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. (d)(2)(A) 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. (f) ACCESS
 - (f) Immediate access by parents
 - (h) Immediate access by OEC-facility/records
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
 - 3a(e)(1) License posted
 - 3a(e)(2) OEC Complaint Procedure posted
 - 3a(d)(6)(C) Administrative Oversight Policy
 - 3a(e)(3) Menus posted
 - 3a(e)(4) No Smoking posted signs at entrances
 - 3a(e)(5) OEC Inspection report posted or available
 - 7a(e)(17) Radon test posted (Schls-N/A)

STAFFING and CONSULTANTS 19a-79-4a

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance -with bknd cks/history
- 23. (d) Adequate staffing
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 28. (d)(4)(D) Supervision-Indoors/Outdoors
- 29. (d)(5)(A) Group Size-school age field trips/outdoors
- 30. (e)(1) Designated director-training
- 31. (f)(1) CPR certified program staff
- 32. (f)(2) First aid certified program staff

PROFESSIONAL DEVELOPMENT

- (a)(2) Documentation
- (h)(1) Health & Safety training
- (h)(2) 1% annual hours

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

CONSULTANTS

- (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
- (i) - Consultant agreements-signed annually-agreements complete w/required services
- (F) (i)(2)(A-H) Consultant logs-documented activities, observations and required services
- (i)(2) (H)(i)-(I)(i) Consultant visits- Education/Health

| | Contracts | Logs | Visits |
|------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Education | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Soc. Serv. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dietitian | N/A | N/A | |

CHILD CARE CENTER/GROUP CHILD CARE HOME SCHOOL AGE ONLY INSPECTION FORM – page 2

PROGRAM NAME Family First in Education LICENSE NUMBER 70591 DATE OF INSPECTION 5-21-25

RECORD KEEPING 19a-79-5a

- 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

HEALTH and SAFETY 19a-79-6a

- 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
- 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)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 11-2024
- 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
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. WATER SUPPLY -Public/Well (Schools N/A)
 - (c)(5)(A) Lead Water Test - Date: _____
 - (c)(5)(B) Bact./Chem Test-Date: _____ (N/A)
 - (c)(5)(C) Drinking water available/accessible
- 70. LEAD PAINT -
 - (c)(6)(A) Building Pre-78: Y/N Lead Test: Y/N Results ILB
 - Lead Management Plan _____
- 71. (c)(6)(B-D) Peeling Paint - Y/N Inside/Outside
- 72. (d)(2) Emergency vehicle access
- 73. (d)(3) Walkways maintained
- 76. (d)(5) Windows protected to prevent falls
- 77. (d)(6), (f)(3) Overhead doors-locks/spring protectors (N/A)
- Exits, stairs, hallways unobstructed

PHYSICAL PLANT 19a-79-7a cont.

- 79. SMOKING
 - (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
 - (d)(8) Matches/lighters inaccessible
- 82. TOILETING
 - (d)(10)(A) Shared toilets/sinks-supervision plan
 - (d)(10)(B) Toileting needs met
 - (d)(10)(D) Required toilets/sinks-1:25
 - (d)(10)(E) Toileting Supplies-Hand drying-Garbage
 - (d)(10)(E) Handwashing staff/children
 - (d)(10)(F) Toilets/sinks located at the facility
 - (d)(10)(G) Well lighted/ventilated toilet rooms
 - (d)(10)(H) Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
- 83. (d)(11) Staff personal articles inaccessible
- 84. AIR TEMPERATURE
 - (e)(1) Air temp <65°F comfortable
 - (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
 - (e)(4) Portable space heaters prohibited
 - (e)(6) Hot water/Steam pipes protected
- 86. (e)(4)
- 90. (e)(6)
- 91. (e)(7)
- 94. (e)(7)
- 95. (e)(7)
- 96. (e)(8)
- 97. (e)(9)
- 98. (e)(9)
- 99. (e)(10)
- 101. (e)(10)
- 102. (e)(11)
- 103. (e)(12)
- 104. (e)(13)
- 107. (e)(14-15)
- 108. (e)(17)
- 109. (e)(18)
- 110. (f)(1)(A)
- 111. (g)(1)
- 112. (g)(4)
- 113. (g)(5)
- 114. (g)(6)
- (j)
- (h)(1)
- (h)(2)
- (h)(3)
- (h)(4)
- (h)(5)
- (h)(6)
- (h)(8)
- (h)(9)
- (h)(7)
- (h)(7)(B)
- (h)(7)(C)
- (i)
- (i)
- (i)

SMOKING
Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
Matches/lighters inaccessible

TOILETING
Shared toilets/sinks-supervision plan
Toileting needs met
Required toilets/sinks-1:25
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 comfortable
Air temp > 80 °F - ↑ fluids/ventilation
Portable space heaters prohibited
Hot water/Steam pipes protected

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
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
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, rust
Developmentally app equipment, materials
Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
Indoor climbing play equipment-shock absorbing materials under and around
No weapons/no facsimile of a firearm

OUTDOOR SPACE
Adequate space- 75 sq. ft. per child
Shock absorbing surfaces-minimum 8"
Playground free from hazards
Nuts, bolts, screws-tight, covered/protected
Outside equipment anchored-anchors buried
New equip- cert playg. Inspection upon request
Drinking water available/accessible
Equipment arranged for safety-equip/fences/structures not hazardous

OUTDOOR PROTECTED/FENCED
Playground protected from traffic, water, gullies or other hazards
Fences installed to protect from water-4 ft, self closing and self latching devices or locks
Rooftop play areas-6 ft. wall/barrier (N/A)

WATER HAZARDS
Pools, swimming areas-conforms to DPH (N/A)
Wading pools prohibited
Hot tubs/spas/saunas-locked/inaccessible (N/A)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME: Family First in Education LICENSE NUMBER: 70591 DATE OF INSPECTION: 5-21-25

SCHOOL AGE ENDORSEMENT 19a-79-11 MONITORING OF DIABETES 19a-79-13 Y/

| | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> 140. (b) | Approved Schl Age Endorsement <u>SCHEDULE - ACTIVITIES</u> | <input checked="" type="checkbox"/> 171. (a)(1) | Written policies and procedures <u>STAFF TRAINING</u> 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 |
| <input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> (c) | Written daily program plan-flexible schedule-available to staff/parents | <input checked="" type="checkbox"/> 172. <input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii) | |
| <input checked="" type="checkbox"/> 143. <input checked="" type="checkbox"/> (c)(1) | Activities not a duplication of child's day | <input checked="" type="checkbox"/> 173. <input checked="" type="checkbox"/> (b)(2) | |
| <input checked="" type="checkbox"/> 144. <input checked="" type="checkbox"/> (c)(2) | Activities include cognitive, physical, social, emotional needs of the children | <input checked="" type="checkbox"/> 174. <input checked="" type="checkbox"/> (b)(3) | |
| <input checked="" type="checkbox"/> 145. <input checked="" type="checkbox"/> (c)(3) | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events | <input checked="" type="checkbox"/> 175. (c)(2) | |
| <input checked="" type="checkbox"/> 146. (d) | Ratio- 1:15 | <input checked="" type="checkbox"/> 176. (c)(3) | |
| <input checked="" type="checkbox"/> 144. (e) | Group size- max. 30 | <input checked="" type="checkbox"/> 177. (d)(1) | |
| <input checked="" type="checkbox"/> 145. (f) | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent | <input checked="" type="checkbox"/> 175. (d)(2) | |
| <input checked="" type="checkbox"/> 146. (g) | Designated Head teacher approved- 60% | <input checked="" type="checkbox"/> 176. (d)(3) | |

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> 157. (9a) | Written medication policies/procedures | <input checked="" type="checkbox"/> 177. (e)(1) |
| <input checked="" type="checkbox"/> 158. (9a) | Permit enrollment of children with asthma, allergies, diabetes | <input checked="" type="checkbox"/> 178. (e)(2) |
| <input checked="" type="checkbox"/> 159. <input checked="" type="checkbox"/> (a)(2) | <u>NONPRESC. TOPICAL MEDICATION</u> | <input checked="" type="checkbox"/> 179. (e)(3) |
| <input checked="" type="checkbox"/> 160. <input checked="" type="checkbox"/> (a)(3)(A-B) | Admin/Parent permission/report errors | |
| <input checked="" type="checkbox"/> 160. <input checked="" type="checkbox"/> (a)(3)(C) | Labeling and Storage | |
| <input checked="" type="checkbox"/> 161. <input checked="" type="checkbox"/> (b)(1)(A/C) | Unused/expired meds destroyed/returned | |
| <input checked="" type="checkbox"/> 162. <input checked="" type="checkbox"/> (b)(1)(D) | <u>MEDICATION TRAINING</u> | |
| <input checked="" type="checkbox"/> 163. <input checked="" type="checkbox"/> (b)(1)(E) | Medication training-general-oral/top/inhalant | |
| <input checked="" type="checkbox"/> 164. <input checked="" type="checkbox"/> (b)(1)(F) | Injectable premeasured autoinjector medication | |
| <input checked="" type="checkbox"/> 165. <input checked="" type="checkbox"/> (b)(2)(A-B) | Rectal medication | |
| <input checked="" type="checkbox"/> 166. <input checked="" type="checkbox"/> (b)(2)(C) | Injectable other than premeasured auto-injector | |
| <input checked="" type="checkbox"/> 167. (b)(3)(A-B) | Training approval documents/certificates | |
| <input checked="" type="checkbox"/> 168. (b)(3)(D) | Training outline on file | |
| <input checked="" type="checkbox"/> 169. (b)(4)(A-B) | Authorized prescriber/parent permission | |
| <input checked="" type="checkbox"/> 170. (b)(5)(A-B) | Medication errors- documentation, parent(s) and OEC notification | |
| <input checked="" type="checkbox"/> 171. (b)(5)(C) | Medication Administration Records (MAR) | |
| <input checked="" type="checkbox"/> 172. (b)(5)(D) | Labeling and Storage | |
| <input checked="" type="checkbox"/> 173. (b)(5)(E) | Emergency medication inaccessible | |
| <input checked="" type="checkbox"/> 174. (b)(6) | Unused/Expired meds-destroyed/returned | |
| <input checked="" type="checkbox"/> 175. (b)(7)(A-B) | Auto-injector/inhalant equipment | |
| <input checked="" type="checkbox"/> 176. (d) | Self-administration documentation | |
| <input checked="" type="checkbox"/> 177. (d) | Petition for special medication authorization | |
| <input checked="" type="checkbox"/> 178. (d) | Potassium Iodide (KI) emergency distribution-permission and storage | |
| <input checked="" type="checkbox"/> 179. (N/A) | | |

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

DISCUSSIONS/COMMENTS
 New regulations provided Policy checklist with highlight items to be updated

Signature of OEC staff: Cathy Anderson Signature of person in charge: Abigail Pantaja Coyt
 Printed Name: Cathy Anderson Printed Name: Abigail Pantaja Coyt

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: 6-4-25
 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 - Elmst License # 70591 Date: 5-21-25

Observations/Corrections needed: Regulation not in compliance when:

- #70 - lead management plan is not being monitored
- 19a-79-8a(1) Observed Children watching a movie (Captain Underpants) without educational or physical activity content upon arrival.
- 183(d)(6)(c) - Administrative oversight policy is not posted or on site

Discussed:

Complaint procedure posted does not have staff present today documented who is in charge.

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

OEC BY: 6-4-25

Signature: Abigail Pantaja Coyt
(Person in Charge)
Print Name: Abigail Pantaja Coyt