

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

First Path Academy
45 Long Hill Rd
Windsor, CT 06095

10/20/2025
pending
840 202 2819

9:30 AM

open

First Path Academy INC
firstpathacademy2@gmail.com
Jessica Salvador

# of Staff Present:	2	# over 3 Present:	0	# under 3 Present:	0
Total Capacity:	11	Total Under 3 capacity:	4	Ages Served:	6W-12
		M-F 6am-6PM			

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

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

	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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PHYSICAL PLANT 19-79-7a

<p>(a)(1)(A-C) <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) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)</p>	<p>Children's Enrollment information PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days</p>	<p><input checked="" type="checkbox"/> 71. <input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76. <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79. <input checked="" type="checkbox"/> 81. <input checked="" type="checkbox"/> 82.</p>	<p>(d)(1) (d)(2) (d)(3) (d)(3) (d)(4) (d)(5) (d)(6), (f)(3) (d)(7) <input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(8) (d)(9)</p>	<p>Emergency vehicle access Walkways maintained Windows protected to prevent falls Window screens Glass/mirrors protected- 36" Overhead doors-locking devices, spring protectors (N/ Exits, stairs, hallways unobstructed Individual storage of clothing and bedding SMOKING Smoking, vaping or other electronic nicotin 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, disinfect 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/ 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 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 phon Parents provided direct on site phone num 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, materi 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, writ care plan including access to childre Measures to prevent vermin Radon test- Results: _____ (Schls Carbon monoxide detector-each level Program space-adequate-35 sq. ft. per Equipment-clean and safe, good repair non-toxic-sturdy, free from protrudi nails, free from rust Adequate equipment for rest-cleaned- (Grp Homes only-mats/sleeping bags) Air conditioners/water heaters/fuse b inaccessible Developmentally app equipment, ma</p>
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PHYSICAL PLANT 19-79-7a

<p>(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1) (b)(2) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)</p>	<p>Preparation, transportation of food-follow DPH Model Food Code (N/A) Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection (N/A) Kitchen-clean/safe storage of food/supplies(N/A) Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area 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, CPR mouth barrier FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)</p>	<p><input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 94.</p>	<p>(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) (d)(11) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) (e)(3) (e)(4) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) (e)(6) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)</p>
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PHYSICAL PLANT 19-79-7a

<p>2. (a)(2) 3. (b) 4. (b)(1)-(5) 5. (b)(6) 6. (c)(2) 7. (c)(3) 8. (c)(4) 69. <input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) 70. <input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)</p>	<p>Fire marshal codes/certificate Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program Building/Equipment/Furnishings-sanitary, hazard free (N/A) Testing of premises/grounds for chemicals WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: 9/11/25 Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible LEAD PAINT Building Pre-78: <input checked="" type="checkbox"/> N Lead Test: <input checked="" type="checkbox"/> N Results: <u>No Lead Identified</u> Lead Management Plan: <u>N/A</u> Peeling Paint - <input checked="" type="checkbox"/> Inside/Outside</p>	<p><input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.</p>
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First Path Academy

License Number: Permitting Date: 10/20/21

REAL PLAN 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> (h)(1)	<u>OUTDOOR SPACE</u> 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 play. 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"/> (h)(7)	<u>OUTDOOR PROTECTED/FENCED</u> 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"/> (i)	<u>WATER HAZARDS</u> Pools, swimming areas- (N/A) conforms to 19-13-B33b and 19a-36-B61
<input checked="" type="checkbox"/> (i)	Wading pools prohibited
<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

<u>DIAPERING cont.</u>
Diaper area: used only for this purpose, located in the program area
Diaper area: non-porous surface/good rep
Diaper area: washed/disinfected after use
Diaper area: disposable paper sheets
Covered waste receptacle-removed daily
Handwashing-staff/children
Diapering-Handwashing policies-posted/folk
Cloth diapers-written plan developed
<u>LINENS/CLOTHING</u>
Linens/emergency clothing available
Linens washed weekly or as needed
Linens/clothing stored individually
Cribs/cots cleaned-linens changed when sh
<u>SAFE SLEEP</u>
Under 12 mths placed on back for sleepin
Crib-snug fitting mattress/tightly fitted sl
Alternate sleep position/equipment-medic
documentation for medical reason on fi
Infants allowed to adopt other sleep posit
No items in/on cribs-blankets, toys, bum
pillows, weighted blankets/sleepers/swadd
No unapproved sleeping-car seats/swings/bed
No swaddling w/o written documentation
MD/PA/APRN- instructions/timeframes
Observe/assess infants at least every 15 m
Teething necklaces/bracelets, jewelry inacce
Safe sleep policies - parents informed
<u>TOYS AND OTHER OBJECTS</u>
Infant toys-separate/washed/sanitized da
Toddler toys-washed/sanitized weekly
No toys/objects less than 1 1/2" diameter
Plastic bags/balloons/styrofoam inaccess
unless under direct supervision
Health consultant visits/documentation
<u>FEEDING</u>
Infants held for bottles - chairs for feed
individual attn, tummy time, crawl/tc
Written feeding schedule from parent-up
Unused formula/milk discarded after fe
Clean bottles/disposable bottles/appvd
Baby food served from dish or whole j
Bottles labeled with child's name
Outdoor spaced fenced-4 ft (lic. after
Outdoor equipment-developmentally
appropriate for ages of the children
Shock ab materials less than 1 1/2"-or
measures in place to ensure their hea
safety

NATIONAL REQUIREMENTS 19a-79-11

5. (a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
6. (a)	<u>EDUCATIONAL REQUIREMENTS</u> 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

<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)
<input checked="" type="checkbox"/> 136.	<input checked="" type="checkbox"/> (j)
	<input checked="" type="checkbox"/> (k)(1)
	<input checked="" type="checkbox"/> (k)(2)
	<input checked="" type="checkbox"/> (k)(3)
	<input checked="" type="checkbox"/> (k)(4)
	<input checked="" type="checkbox"/> (k)(5)
<input checked="" type="checkbox"/> 137.	(l)(1)
<input checked="" type="checkbox"/> 138.	(l)(2)
<input checked="" type="checkbox"/> 139.	(l)(3)

UNDER THREE ENDORSEMENT 19a-79-10

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. (e)(1)	<u>DIAPERING</u> Diaper area: elevated/sturdy/safety rail

SCHOOL AGE ENDORSEMENT 19a-79-11

140. (b)	Approved Schl Age Endorsement
141. (c)	<u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible available to staff/parents
	Activities not a duplication of child's
	Activities include cognitive, physical, emotional needs of the children
	Program includes free time, snacks, creative/physical/small group/se
	activities, homework time, speci
	Ratio- 1:15
	Group size- max. 30
143. (d)	
144. (e)	

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- 140. (b) Approved Schl Age Endorsement
- 141. (c) **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
4 yr. olds enrolled in schl age-written authorization/permission from director/parent
Designated Head teacher approved- 60%
- 143. (d)
- 144. (e)
- 145. (f)
- 146. (g)

- 171. (a)(1)
 - 172. (b)(1)(A)
(b)(1)(B)
(i)-(iii)
 - (b)(2)
 - (b)(3)
 - (c)(2)
 - (c)(3)
 - 173. (d)(1)
 - 174. (d)(2)
 - 175. (d)(3)
 - 176. (e)(1)
 - 177. (e)(2)
 - 178. (e)(3)
 - 179. (e)(3)
- 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

MINISTRATION OF MEDICATIONS 19a-79-9a

- 57. (9a) Written medication policies/procedures
- 58. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 59. **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
- 60. **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
- 61. (b)(3)(A-B) Authorized prescriber/parent permission
- 62. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 63. (b)(4)(A-B) Medication Administration Records (MAR)
- 64. (b)(5)(A-B) Labeling and Storage
- 65. (b)(5)(C) Emergency medication inaccessible
- 66. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 67. (b)(5)(E) Auto-injector/inhalant equipment
- 68. (b)(6) Self-administration documentation
- 69. (b)(7)(A-B) Petition for special medication authorization
- 70. (d) Potassium Iodide (KI) emergency distribution-permission and storage
(N/A)

ADDITIONAL VIOLATION

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

DISCUSSIONS/COMMENTS

- All items on checklist discussed.
- Measurements on square footage report.
- Cleaner bottles - labeled with exact dilutions / contents
- Gates to Kitchen to prevent access, stairs ~~off~~ inaccessible downstairs.
- Need medication training outline on file. ^{Supervisor review} approval with CAP before issue
Capacity - 11 under 3 & 4 of license

Melissa Lohr
Kullerman Melissa Lohr

Thilicia Alexander Art...

EC DIVISION OF LICENSING
50 Columbus Blvd, Suite 302, Hartford, CT 06103
elp Desk: (800)282-6063 or (860)500-4450
/ebsite: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Written Corrective Action Plan
Due by: Pending on license

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: First Path Academy License # pending Date: 10/20/21

Observations/Corrections needed:

- violations ~~at~~ ^{not} in compliance when observed:
- 11- Policies not observed complete with child abuse/neglect, operating policy, personnel policy, consultative services, Diabetes, and Infant sleep policy
- 18- Safe sleep policy not posted
- 84- wall thermometers not observed in 2 rooms (Nurschins + preschool)
- 94- Candle foot with close work measured 16.95 in preschool room. Measured 30 candle foot in Nurchin room.
- 114- After supervisor review, hot tub has to be inaccessible to children along with key/cambo lock inserted insecure/wobbly baby gate around hot tub
- 128(c)(8)- Diapering/handwashing policy not posted
- 166- 2 wobbly Black shelves (toy shelves) observed in preschool room.

Total Capacity - 11
 Under 3s - 4
 Total Baths - 2
 Sinks - 3

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: pending on licensurer

Signature: [Signature]
 Print Name: Kellerman Melissa
(OEC Representative)
 Signature: [Signature]
 Print Name: Thillia Alexander Ar
(Person in Charge)