

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: Montessori School on Edgewood
 Address: 230 Edgewood Ave
 Town: New Haven, CT 06511-4105
 Operator: Montessori School on Edgewood
 Email: msoc@snet.net
 Hours of Operation: 8:00 AM - 5:30 PM Monday-Friday
 Ages Served: lowecks - 12 years

License Number: 160274
 Expiration Date: 4/30/2025
 Telephone: 203-772-3210
 Director: Linda Townsend
 Head Teacher: Cecile Malm
 Summer Care: Open

Date of Inspection: 10/5/2021 Time of Arrival: 9:00 AM
 Licensed Capacity: 59 Under 3 Capacity: 24
 # of children present: 34 # of staff present: 7

Instruction Codes:
 ✓ = Compliance/No violation found O = Non-compliance/Violation found
 N/A = Not applicable at this time

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

- Licensure Procedures 19a-79-2a**
 1. Local Health Date: 3/20/2019
- Administration 19a-79-3a**
 2. New Staff-Employee Orientation
 3. Annual Staff Policy Training
 4. Documentation of Behavior M. Tech Discussed w/Parents
 5. Notification of Change
 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
 7. Daily Attendance Records: Children/Staff
- Items Posted: Conspicuous/Accessible**
 8. License
 9. Current Fire Marshal Certificate Date: 9/3/2020
 10. OEC Complaint Procedure
 11. Food Service Certificate Date: 5/10/2021
 12. Menus
 13. Emergency Plans
 14. No Smoking Signs
 15. Radon Test (Y/N) Date: 11/3/2020 Results: 5+7
- Staffing 19a-79-4a**
 16. Staff Health Records/TB Tests
 17. Professional Development
 18. Disciplinary Actions
 19. Designated Head Teacher/60%
 20. Two Staff Present
 21. Ratio: 1 Staff to 10 Children
 22. Group Size: Maximum 20 Children
 23. Designated Director/Training
 24. CPR Certified Staff
 25. First Aid Trained Staff
- Consultants**
 26. Agreements/Contracts (Complete/Signed Annually)
- | | Contracts | Logs |
|----------------|-----------|------|
| Education | ✓ | ✓ |
| Health | ✓ | ✓ |
| Social Service | ✓ | ✓ |
| Dental | ✓ | ✓ |
| Dietitian | ✓ | ✓ |
27. Logs/Visits Documented
- Swimming: (Y/N)**
 28. Non-Swimmers Identified
 29. Staff/Child Ratios
 30. CPR Certified Staff (20 years of age)
 31. Lifeguard Certified/Supervision

- Record Keeping 19a-79-5a**
 32. Enrollment Information
 33. Emergency Medical Permission
 34. Authorized Released Permission
 35. Field Trip Permission
 36. Transportation Permission
 37. Child Health Records/Immunizations/TB
 38. Individual Care Plan (Signed by Parent/Staff)
 39. Injury/Illness/Accident Reports
- Health and Safety 19a-79-6a**
 40. Nutritious Snacks/Meals (Required Food Groups)
 41. Proper Refrigeration
 42. Kitchen Separated
 43. Hand Washing Before Eating/Food Handling
 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory
- Physical Plant 19a-79-7a**
 45. License Premise: Clean/Good Repair/Hazard Free
 48. Sanitary Drinking Fountains/Disposable Cups Water Supply: Public/Well
 49. Lead Water Test Date: 8/5/2021
 Bacterial/Chemical Test (Y/N) Date: _____
 50. Walkways Maintained
 51. Designated Staff Toilet/Sink
 52. All Openings for Ventilation Screened
 53. Windows Protected to Prevent Falls
 54. Glass Protected to 36"
 55. Overhead Doors Locking Devices/Spring Protectors
 56. Exits/Hallways and Stairs Unobstructed
 57. Individual Storage of Clothing/Bedding
 58. Smoking Prohibited
 59. Matches/Lighters Inaccessible
 60. Electrical Safety: Outlets/Cords
 61. Toileting Needs Met
 62. Required Toilets/Sinks/Supplies
 63. Potty Chairs: Nonporous/Emptied/Disinfected
 64. Hand Washing After Toileting: Staff/Children
 65. Ventilation in Toilet Room
 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative: [Signature] Written Corrective Action Plan Due to OEC by: 11/8/2021 Signature of Person in Charge: [Signature]

Print name: BENJAMIN MERRILL Print name: CECILE MALM

Post for 30
Operating
Days

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Montessori School on Edgewood

License Number: 16274

Date of Inspection: 10/25/2001

- Physical Plant continued:
- 67. Water Temperature 60°-115°
 - 68. Portable Space Heaters
 - 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
 - 70. Rugs Secure
 - 71. Hot Water/Steam Pipes Protected
 - 72. Working Phone on Each Level
 - 73. Emergency Numbers Posted
 - 74. Adequate Lighting: 50/30 Candle Feet
 - 75. Light Fixtures Shielded/Shatter Proof
 - 76. Potentially Hazardous Substances Locked
 - 77. Garbage/Rubbish Disposed Daily
 - 78. Stairs Protected/Good Repair/Handrails
 - 79. Pets: Maintained/Care Plan (Y/N)
 - 80. Operable CO Detector on Each Level (Y/N)
 - 81. Program Space/Adequate Sq. Ft. Per Child
 - 82. Equipment: Good Repair/Safe/Non-toxic
 - 83. Cots Stored/Maintained/Adequate Number
 - 84. Developmentally Appropriate Equipment/Materials
 - 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
 - 86. No Weapons/No Facsimile of a Firearm on Premise

- Outdoor Space
- 87. Outdoor Space Adequate Sq. Ft. Per Child
 - 88. Impact Absorbing Material under Equipment
 - 89. Playground Free from Hazards
 - 90. Peeling Paint (Y/N) Sample Taken (Y/N)
 - 92. Equipment Anchored/Safely Arranged
 - 93. Outdoor Play Area Protected/Fenced
 - 94. Drinking Water Available/Accessible

- Educational Requirements 19a-79-8a
- 95. Written Plan for Daily Program Available to Parents/Staff
 - 96. Activity Choices: Developmentally Appropriate/Flexible/Meets Individual Needs
- Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up

- Administration of Medications 19a-79-9a
- 97. Written Policies/Procedures
 - 98. Training Outline on file
- Nonprescription Topical Medications
- 99. Administration/Parent Permission/MAR
 - 100. Labeling/Storage
- Oral/Topical/Inhalant/Injectable Medications
- 101. Med Trained Staff/Certificates
 - 102. Authorized Prescriber/Parent Permission/MAR
 - 103. Labeling/Storage
 - 104. Unused/Expired Meds Returned/Disposed
- Self-Administration
- 105. Authorized Prescriber/Parent Permission/MAR
 - 106. Labeling/Storage
 - 107. Approved Petition For Special Med Authorization

- Under Three Endorsement 19a-79-10
- 109. Approved Endorsement
 - 110. Ratio: 1 Staff to 4 Children
 - 111. Group Size no Larger than 8
 - 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
 - 113. Adequate Sinks in Program Space
 - 114. Free Standing/Well-Constructed/Safe Cribs
 - 115. Washable Cots
 - 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray
 - 117. Dev. Appropriate Tables/Chairs/Equipment
 - 118. Refrigerators and Food Prep Facilities
 - 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
 - 120. Washed/Disinfected
 - 121. Disposable Paper Sheets
 - 122. Covered Waste Receptacle
 - 123. Diaper Changing Policy Posted
 - 124. Hand Washing Policy Posted
 - 125. Individual Storage of Personal Items
 - 126. Cribs/Cots Washed/Disinfected
 - 127. Under 12 Months Placed on Back for Sleeping
 - 128. Alternate Sleep Position/Equip-Medical Document (Y/N)
 - 129. Crib/Bed Used for Infant Sleeping
 - 130. Crib/Bed Free from Observable Hazards
 - 131. Infant Toys Separate/Washed/Disinfected Daily
 - 132. No Toys/Objects Less than 1 1/4" Diameter
 - 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
 - 134. Health Consultant/Documentation of Visits
 - 135. Infants Held for Bottles/Individual Attn/Tummy Time
 - 136. Written Statement/Feeding Schedule from Parent
 - 137. Unused Portions of Liquids Discarded
 - 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
 - 139. Food Served from Dish or Whole Jar Served
 - 140. Bottles Individually Identified w/Child's Name

- Outdoor Play Space-Under Three:
- 141. Play Space Fenced
 - 142. Outdoor Equipment: Dev. Appropriate

- School Age Children Endorsement 19a-79-11
- 143. Approved Endorsement
 - 144. Activity choices appropriate
 - 145. Ratio: 1 Staff to 10 Children
 - 146. Group Size: Max. 20 Children
 - 147. Education Consultant Appropriate

- Night Care Endorsement 19a-79-12 (10pm-5am)
- 148. Approved Endorsement
 - 149. Written Program Plan/Supervision
 - 150. Staff Awake/Available
 - 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel
 - 152. Individual Storage of Personal Items
 - 153. Bedding/Sleeping Apparel Laundered Weekly

- Monitoring of Diabetes 19a-79-13 *None enrolled*
- 154. Written Policies/Procedures
 - 155. On Site Staff Trained in First Aid/Glucose Testing
 - 156. Training Current/Documented
 - 157. Supervision of Self Administration
 - 158. Equipment/Supplies: Labeled/Inaccessible
 - 159. Signed Agreement w/Parent Regarding Equipment
 - 160. Materials Discarded Appropriately
 - 161. Authorized Prescriber/Parent Permission
 - 162. Documentation of Test Results/Actions Taken
 - 163. Daily Written Parent Notifications

Signature of OEC Representative: [Signature]
 Print Name: BRUCE L. PERKINS

Written Corrective Action Plan Due to OEC by: 11/8/2001

Signature of Person in Charge: [Signature]
 Print Name: CELLE MALM

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Montessori School on Edgewood License # 16274 Date: 10/25/2021

Observations/Corrections needed:

- #1 - observed local health inspection to be more than 2 years old - Submit copy
- #9 - observed fire marshal certificate to be more than 1 year old - submit copy
- #67 - observed hot water temperature at all handwash sinks to be over 115° minimum
- #69 - observed stained ceiling tiles in kitchen and both staff bathrooms, dusty vents in basement, preschool 1, toddler 1 and main floor staff bathrooms and dusty ceiling vent by windows in Preschool 2
- #76 - observed unlocked toxins such as lysol spray, paint and lysol wipes in Basement area and Preschool 2 bathrooms

Discussed - BCIS

CYK provider - Emergency plans don't currently meet all federal requirements
Provider to revise/develop plans to meet all requirements

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: BROGENT L. MERRILL

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

(Person in Charge)

Print Name: CECILE MALM

OEC BY: 11/8/2021