

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Edgewood PTA Childcare program Date: 3/28/22 Time: 2:45
Location Address: 737 Edgewood Ave. n. Haven Telephone #: 203-998-0774
e-mail address: yesy.edgewood@gmail.com License #: 15503 Expiration Date: 6/30/22
Capacity: 65 # of Children Present: 24 # of Staff Present: 2

Consent to Inspect Family Child Care Home	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: follow up on ratio

Observations/Corrections needed:

19a-79-4a(c)(4)(A) -
#21 - observed a ratio of 24:2 for approximately
12 minutes.

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: 4/11/22

Signature: [Signature]
(OEC Representative)
Print Name: Kristin Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Yesenia Rivera