

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Montessori School on Edgewood Date: 12/22/22 Time: 9:30

Location Address: 230 Edgewood Ave New Haven Telephone #: 203 772-3210

e-mail address: c.malm@snet.net License #: 16274 Expiration Date: 4/30/25

Capacity: 59/24 # of Children Present: 24/11 # of Staff Present: 9

**Consent to Inspect
Family Child Care Home**

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.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Investigation 2022-1026

Observations/Corrections needed:

- (NS) 19a-79-5a(a)(2) child health record- observed medical form in file
- (S) 19a-79-5a(a)(2)(E) individual plan of care- operator failed to have a plan of care for child with seizures which was documented on his medical form and intake form upon enrollment.
- (NS) 19a-79-5a(a)(3)(A) incident report - observed incident report for medical episode in file.
- (S) 19a-79-3a(d)(4)(A) Medical emergency plan implemented - operator failed to call 911 in the event of a medical emergency as stated in their policy.
- (NS) 19a-79-3a(d) Staff trained on policies- operator provided evidence of staff trained on program policies.
- (NS) 19a-79-4a(e)(2) 1st aid trained staff present
- (NS) 19a-79-4a(f)(2) Written verification of 1st aid training 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: Karen Hicks Karen Hicks
(OEC Representative)

Signature: Cecile Malm
CECILE MALM
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 1/6/2023

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Montessori School on Edgewood License # 16274 Date: 12/22/22

Observations/Corrections needed:

⑤ 19a-79-9a(b)(7)(A) Petition for special medication authorization -
Operator failed to have a special petition for a child with a seizure diagnosis on his medical form.

⑤ 19a-79-3a(a) Ensure health, safety and comfort of child -
Operator failed to ensure health + safety of a child when:
• they admitted a child with a special health requirement without having a plan of care, ^{lacked} special training for the staff, and did not have required medication on site.

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

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Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 1/6/2023

Signature: Cecile Malm
(Person in Charge)
Print Name: CECILE MALM