

CHILD CARE CENTER AND GROUP CHILD CARE HOME
INSPECTION FORM

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

Edgewood Academy	4.11.25	4.11.25
18 Edgewood Ave	70061	6-30-28
Stamford	203-921-6704	Open
Edgewood Academy LLC	# of Staff Present: 6	# over 3 Present: 5
info@edgewoodacademy.net	Total Capacity: 28	Total Under 3 capacity: 28
Yekaterina Barker		# under 3 Present: 16
		Ages Served: low-5yrs
		M-F 7am-6pm

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

REGULATIONS 17a-17d		STAFFING and CONSULTANTS 17e-17g																					
<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 1-24-24																					
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 19. (a)(1)																				
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 20. (a)(3)																				
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 21. (b)																				
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 21a. (b)(2)																				
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 22. (b)(4)																				
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 23. (d)																				
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)																				
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 25. (d)(2)																				
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)																				
<input checked="" type="checkbox"/> 11.		<u>POLICIES-COMplete/IMPLEMENTED</u>	<input checked="" type="checkbox"/> 27. (d)(4)(A)																				
	<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> (d)(4)(B)																				
	<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy	<input checked="" type="checkbox"/> (d)(6)																				
	<input checked="" type="checkbox"/> (d)(3)	Closing time policy	<input checked="" type="checkbox"/> (d)(4)(D)																				
	<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> (d)(5)																				
	<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (d)(5)(A)																				
	<input checked="" type="checkbox"/> (d)(5)	Supervision policy	<input checked="" type="checkbox"/> (d)(5)(B)																				
	<input checked="" type="checkbox"/> (d)(6)	General Operating policies	<input checked="" type="checkbox"/> (e)(1)																				
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> (f)(1)																				
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies	<input checked="" type="checkbox"/> (f)(2)																				
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (a)(2)																				
<input checked="" type="checkbox"/> 13.		<u>ACCESS</u>	<input checked="" type="checkbox"/> (h)(1)																				
	<input checked="" type="checkbox"/> (f)	Immediate access by parents	<input checked="" type="checkbox"/> (h)(2)																				
	<input checked="" type="checkbox"/> (b)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (4)(C)(ii-v)																				
<input checked="" type="checkbox"/> 14.	(l)	2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (4)(C)(i)																				
<input checked="" type="checkbox"/> 15.	(m)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (e)(6)																				
<input checked="" type="checkbox"/> 16.	(n)	Capacity	<input checked="" type="checkbox"/> (e)(6)																				
<input checked="" type="checkbox"/> 17.	(o)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 35. (i)(1)(A)-(D)																				
<input checked="" type="checkbox"/> 18.		<u>POSTINGS</u>	<input checked="" type="checkbox"/> (i) -																				
	<input checked="" type="checkbox"/> 3a(e)(1)	License posted	<input checked="" type="checkbox"/> (j)(2)(A-H)																				
	<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (F)																				
	<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> (i)(2)																				
	<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted	<input checked="" type="checkbox"/> (H)(i)-(I)(i)																				
	<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances																					
	<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available																					
	<input checked="" type="checkbox"/> 3a(e)(6)	Dev. Milestones posted																					
	<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted (Schls-N/A)																					
	<input checked="" type="checkbox"/> 10((g)(8)	Safe Sleep policy posted																					
			Staff health records																				
			Disciplinary actions																				
			Comprehensive Background Checks																				
			Past employment history																				
			Evidence of compliance with bknd cks/history																				
			Adequate staffing																				
			Designated head teacher-approved-60%																				
			Two staff present-age 18 or older																				
			Personal qualities of staff																				
			<u>RATIOS</u>																				
			Ratio 1:10 - Indoors/Outdoors																				
			Mixed age group																				
			Nap time ratio																				
			Supervision-Indoors/Outdoors																				
			<u>GROUP SIZE</u>																				
			Group Size-Indoors/Outdoors																				
			Group Size-school age field trips/outdoors																				
			Mixed age group-group size																				
			Designated director-training																				
			CPR certified program staff																				
			First aid certified program staff																				
			<u>PROFESSIONAL DEVELOPMENT</u>																				
			Documentation of prof. dev/trainings																				
			Health & Safety training																				
			1% annual hours																				
			<u>SWIMMING ACTIVITIES - Y/N</u>																				
			Swimming-Ratios																				
			Non-swimmers identified																				
			CPR certified staff-age 20 or older																				
			Lifeguard-certified-supervising																				
			<u>CONSULTANTS</u>																				
			Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)																				
			Consultant agreements-signed annually-agreements complete w/required services																				
			Consultant logs-documented activities, observations and required services																				
			Consultant visits- Education/Health																				
			<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Health</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Soc. Serv.</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Dietitian</td> <td>NA</td> <td>NA</td> <td></td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	/	/	/	Health	/	/	/	Soc. Serv.	/	/	/	Dietitian	NA	NA	
	Contracts	Logs	Visits																				
Education	/	/	/																				
Health	/	/	/																				
Soc. Serv.	/	/	/																				
Dietitian	NA	NA																					

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Edgewood Academy	LICENSE NUMBER 70061	DATE OF INSPECTION 4.11.25
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PHYSICAL PLANT 19a-79-7a cont. **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE
	<input checked="" type="checkbox"/> (h)(1)	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 playg. Inspection upon request
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCED
	<input checked="" type="checkbox"/> (h)(7)	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"/> 114.		WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited (N/A)
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS
	<input checked="" type="checkbox"/> (1)-(11)	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
	<input checked="" type="checkbox"/> (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

UNDER THREE ENDORSEMENT 19a-79-10 **YIN**

<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/> 128.		DIAPERING
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

<input checked="" type="checkbox"/> 128.	(e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
	<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)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared
	<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)	SAFE SLEEP Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed
	<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)	TOYS AND OTHER OBJECTS Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/2" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation
<input checked="" type="checkbox"/> 138.	(l)(2)	
<input checked="" type="checkbox"/> 139.	(l)(3)	
	(l)(1)	
	(l)(2)	
	(l)(3)	
	(l)(1)	
	(l)(2)	
	(l)(3)	
	(l)(1)	
	(l)(2)	FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25)
	(l)(2)	
	(l)(3)	
	(l)(1)	
	(l)(2)	
	(l)(3)	
	(l)(1)	
	(l)(2)	
	(l)(3)	
	(l)(1)	
	(l)(2)	OUTDOOR EQUIPMENT Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/2"-or measures in place to ensure their health & safety
	(l)(2)	
	(l)(3)	
	(l)(1)	
	(l)(2)	
	(l)(3)	
	(l)(1)	
	(l)(2)	
	(l)(3)	
	(l)(1)	

SCHOOL AGE ENDORSEMENT 19a-79-11 **YIN**

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	(c)	
	(c)(1)	
	(c)(2)	
	(c)(3)	
	(d)	
	(e)	
<input checked="" type="checkbox"/> 143.	(d)	
<input checked="" type="checkbox"/> 144.	(e)	
	(e)	

CHILD CARE CENTER GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM	Edgewood Academy	LICENSE NUMBER	70061	DATE	4.11.25
RECORD KEEPING			PHYSICAL PLANT 19a-79-7a cont.		
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) <input checked="" type="checkbox"/> 37. <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) <input checked="" type="checkbox"/> 38. (a)(2)(A-B) <input checked="" type="checkbox"/> 39. (a)(2)(C) <input checked="" type="checkbox"/> 40. (a)(2)(E) <input checked="" type="checkbox"/> 41. (a)(3)(A) <input checked="" type="checkbox"/> 42. (a)(3)(B) <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) <input checked="" type="checkbox"/> 44. (a)(3)(D) <input checked="" type="checkbox"/> 45. (a)(4)	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	<input checked="" type="checkbox"/> 71. (d)(1) <input checked="" type="checkbox"/> 72. (d)(2) <input checked="" type="checkbox"/> 73. (d)(3) <input checked="" type="checkbox"/> 74. (d)(3) <input checked="" type="checkbox"/> 75. (d)(4) <input checked="" type="checkbox"/> 76. (d)(5) <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) <input checked="" type="checkbox"/> 78. (d)(7) <input checked="" type="checkbox"/> 79. <input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(9) <input checked="" type="checkbox"/> 81. <input checked="" type="checkbox"/> 82.	(d)(10)(A) (d)(10)(B) (d)(10)(C) (d)(10)(C) (d)(10)(E) (d)(10)(E) (d)(10)(F) (d)(10)(G) (d)(10)(H) (d)(11) (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(5) (e)(6) (e)(7) (e)(7) (e)(7) (e)(8) (e)(9) (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)	Emergency vehicle access Walkways maintained Windows protected to prevent falls Window screens Glass/mirrors protected- 36" Overhead doors-locking devices, spring protectors (N/A) Exits, stairs, hallways unobstructed (N/A) Individual storage of clothing and bedding SMOKING Smoking, vaping or other electronic nicotine 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, disinfected 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/A) 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 phones Parents provided direct on site phone number 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, 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 Measures to prevent vermin Radon test- Results: <u>3.1</u> (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, free from rust Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) Air conditioners/water heaters/fuse boxes inaccessible Developmentally app equipment, materials	
HEALTH and SAFETY 19a-79-7a					
<input checked="" type="checkbox"/> 46. (a)(1) <input checked="" type="checkbox"/> 47. (a)(2) <input checked="" type="checkbox"/> 48. (a)(3) <input checked="" type="checkbox"/> 49. (a)(4) <input checked="" type="checkbox"/> 50. (a)(5) <input checked="" type="checkbox"/> 51. (a)(6) <input checked="" type="checkbox"/> 52. (a)(7) <input checked="" type="checkbox"/> 53. (a)(8) <input checked="" type="checkbox"/> 54. (a)(9) <input checked="" type="checkbox"/> 55. (a)(10) <input checked="" type="checkbox"/> 56. (a)(11) <input checked="" type="checkbox"/> 57. (b)(1) <input checked="" type="checkbox"/> 58. (b)(2) <input checked="" type="checkbox"/> 59. (c)	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 -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<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.			
PHYSICAL PLANT 19a-79-7a					
<input checked="" type="checkbox"/> 62. (a)(2) <input checked="" type="checkbox"/> 63. (b) <input checked="" type="checkbox"/> 64. (b)(1)-(5) <input checked="" type="checkbox"/> 65. (b)(6) <input checked="" type="checkbox"/> 66. (c)(2) <input checked="" type="checkbox"/> 67. (c)(3) <input checked="" type="checkbox"/> 68. (c)(4) <input checked="" type="checkbox"/> 69. <input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) <input checked="" type="checkbox"/> 70. <input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	Fire marshal codes/certificate <u>37625</u> 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: <u>1.17.24</u> Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessibile LEAD PAINT Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results <u>NO lead</u> Lead Management Plan _____ Peeling Paint - <u>Y/N</u> Inside/Outside	<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.			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Edgewood Academy		LICENSE NUMBER 10061	DATE OF INSPECTION 4.11.25
SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> 145. (f)	<input type="checkbox"/> 146. (g) N/A	4 yr. olds enrolled in schl age-written authorization/permission from director/parent Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 171. (a)(1) <input checked="" type="checkbox"/> 172. (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii) <input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) <input checked="" type="checkbox"/> 173. (c)(3) <input checked="" type="checkbox"/> 174. (d)(1) <input checked="" type="checkbox"/> 175. (d)(2) <input checked="" type="checkbox"/> 176. (d)(3) <input checked="" type="checkbox"/> 177. (e)(1) <input checked="" type="checkbox"/> 178. (e)(2) <input checked="" type="checkbox"/> 179. (e)(3)
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		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	
<input type="checkbox"/> 147. (b)	<input type="checkbox"/> 148. (b)(1)	<input type="checkbox"/> 149. (b)(2)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available SLEEP PROVISIONS Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval
<input type="checkbox"/> 150. (b)(3) N/A	<input type="checkbox"/> 151. (b)(4)	<input type="checkbox"/> 152. (b)(5)	
<input type="checkbox"/> 153. (b)(6)	<input type="checkbox"/> 154. (b)(8)	<input type="checkbox"/> 155. (b)(9)	
<input type="checkbox"/> (b)(6)(A)	<input type="checkbox"/> 156. (b)(10)		
<input type="checkbox"/> (b)(6)(B)			
<input type="checkbox"/> (b)(6)(C)			
<input type="checkbox"/> (b)(6)(D)			
<input type="checkbox"/> (b)(7)			
<input type="checkbox"/> 154. (b)(8)			
<input type="checkbox"/> 155. (b)(9)			
<input type="checkbox"/> 156. (b)(10)			
ADMINISTRATION OF MEDICATIONS 19a-79-9a <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		ADDITIONAL VIOLATION	
<input checked="" type="checkbox"/> 157. (9a)	<input checked="" type="checkbox"/> 158. (9a)	<input checked="" type="checkbox"/> 159. (a)(2)	<input checked="" type="checkbox"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	<input checked="" type="checkbox"/> (b)(1)(D)	<input checked="" type="checkbox"/> (b)(1)(E)	DISCUSSIONS/COMMENTS Regulation per in compliance with... (119)(k)(3) - Toddler group size was 11 children eating in kitchen area. (120)(l)(4) - No physical barrier separating children under 3 in toddler room and group size was 11 children under 3. (131)(k)(1) - NO feeding schedules observed for 3 infants. (130)(g)(8) - no documentation on file indicating parents informed of safe sleep policy for 3 children Discussion - New regulations- checklist provided at inspection - 2 staff working on health & safety requirement NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	<input checked="" type="checkbox"/> (b)(1)(F)	<input checked="" type="checkbox"/> (b)(2)(A-B)	
<input checked="" type="checkbox"/> 162. (b)(3)(D)	<input checked="" type="checkbox"/> (b)(2)(C)	<input checked="" type="checkbox"/> (b)(2)(D)	
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	<input checked="" type="checkbox"/> (b)(2)(E)	<input checked="" type="checkbox"/> (b)(3)(A-B)	
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	<input checked="" type="checkbox"/> (b)(3)(C)	<input checked="" type="checkbox"/> (b)(3)(D)	
<input checked="" type="checkbox"/> 165. (b)(5)(C)	<input checked="" type="checkbox"/> (b)(4)(A-B)	<input checked="" type="checkbox"/> (b)(5)(A-B)	
<input checked="" type="checkbox"/> 166. (b)(5)(D)	<input checked="" type="checkbox"/> (b)(5)(C)	<input checked="" type="checkbox"/> (b)(5)(D)	
<input checked="" type="checkbox"/> 167. (b)(5)(E)	<input checked="" type="checkbox"/> (b)(5)(E)	<input checked="" type="checkbox"/> (b)(6)	
<input checked="" type="checkbox"/> 168. (b)(6)	<input checked="" type="checkbox"/> (b)(7)(A-B)	<input checked="" type="checkbox"/> (d)	
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	<input checked="" type="checkbox"/> (d)		
<input checked="" type="checkbox"/> 170. (d)			
Signature of OEC staff	Printed Name	Signature of person in charge	Printed Name
	Tom Mangano		Yekaterina Barker
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: oeclicensing@ct.gov		Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 4.25.25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	