

**CHILD CARE CENTER/GROUP CHILD CARE HOME
SCHOOL AGE ONLY INSPECTION FORM**

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

Program Name:	Edgewood PTA Child Care Program	Date of Inspection:	4.11.25	Time of Arrival:	1:03
Address:	737 Edgewood Ave	License Number:	15503	Expiration Date:	6.30.26
Town:	New Haven 06515	Telephone Number:	203-640-9400	Summer Care:	Closed
Operator:	Edgewood PTA Child Care Program Inc	# of Staff Present:	3 ⁺	# children Present:	30
Email:	yesy.edgewood@gmail.com	Ages Served:	5-11 yrs	Total Capacity:	65
Designated Director:	Yesenia Rivera	Days of Operation:	M-F	Hours of Operation:	7:30-8:30 3-6 pm

Instruction Codes: = Regulation in Compliance = Regulation not in Compliance N/A = Not applicable at this time

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 3.18.22

ADMINISTRATION 19a-79-3a

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	POLICIES-COMplete/IMPLEMENTED
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	ACCESS
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	POSTINGS
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight Policy
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted
<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"/> 7a(e)(17)	Radon test posted (Schls-N/A)

<input checked="" type="checkbox"/> 19.	(a)(1)
<input checked="" type="checkbox"/> 20.	(a)(3)
<input checked="" type="checkbox"/> 21.	(b)
<input checked="" type="checkbox"/> 21a.	(b)(2)
<input type="checkbox"/> 22.	(b)(4)
<input checked="" type="checkbox"/> 23.	(d)
<input checked="" type="checkbox"/> 25.	(d)(2)
<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)
<input checked="" type="checkbox"/> 28.	(d)(4)(D)
<input checked="" type="checkbox"/> 29.	<input type="checkbox"/> (d)(5)(A)
<input checked="" type="checkbox"/> 30.	(e)(1)
<input checked="" type="checkbox"/> 31.	(f)(1)
<input checked="" type="checkbox"/> 32.	(f)(2)
<input checked="" type="checkbox"/> 33.	<input type="checkbox"/> (a)(2) <input type="checkbox"/> (h)(1) <input checked="" type="checkbox"/> (h)(2)
<input checked="" type="checkbox"/> 34.	<input checked="" type="checkbox"/> (4)(C)(ii-v) <input checked="" type="checkbox"/> (4)(C)(i) <input checked="" type="checkbox"/> (e)(6) <input checked="" type="checkbox"/> (e)(6)
<input type="checkbox"/> 35.	<input checked="" type="checkbox"/> (i)(1)(A)-(D) <input type="checkbox"/> (i) - <input type="checkbox"/> (i)(2)(A-H) <input checked="" type="checkbox"/> (F) <input checked="" type="checkbox"/> (i)(2) <input checked="" type="checkbox"/> (H)(i)-(I)(i)

Staff health records
Disciplinary actions
Comprehensive Background Checks
Past employment history
Evidence of compliance -with bknd cks/history
Adequate staffing
Two staff present-age 18 or older
Personal qualities of staff
Supervision-Indoors/Outdoors
Group Size-school age field trips/outdoors
Designated director-training
CPR certified program staff
First aid certified program staff

PROFESSIONAL DEVELOPMENT
Documentation
Health & Safety training
1% annual hours

SWIMMING ACTIVITIES -
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising

CONSULTANTS
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

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

PROGRAM NAME: Edgewood PTA Childcare Program LICENSE NUMBER: 43503 DATE OF INSPECTION: 4-11-25

RECORD KEEPING 19a-79-5a

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. (a)(1)(D)(i) Emergency medical permission
- (a)(1)(D)(ii) Authorized release permission
- (a)(1)(D)(iii) Field trip permission
- (a)(1)(D)(iv) Transportation permission
- 38. (a)(2)(A-B) Child Health Records
- 39. (a)(2)(C) Immunization records
- 40. (a)(2)(E) Individual care plan-signed by parents/staff
- 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
- 42. (a)(3)(B) Parent notification of illness or injury
- 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
- 44. (a)(3)(D) Notify DPH, local health-reportable diseases
- 45. (a)(4) Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection no (N/A)
- 51. (a)(6) Kitchen-clean/safe storage of food/supplies (N/A)
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) **FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- (c) **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
- (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 8-22-23
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) **WATER SUPPLY** - Public/Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: _____
- (c)(5)(C) Bact./Chem Test-Date: _____ (N/A)
- 70. (c)(6)(A) Drinking water available/accessible
- (c)(6)(A) **LEAD PAINT** - Building Pre-78: Y/N Lead Test: Y/N Results no lead identified Lead Management Plan _____
- (c)(6)(B-D) Peeling Paint - Y(N) Inside/Outside
- 71. (d)(2) Emergency vehicle access
- 72. (d)(3) Walkways maintained
- 73. (d)(5) Windows protected to prevent falls
- 76. (d)(6), (f)(3) Overhead doors-locks/spring protectors (N/A)
- 77. Exits, stairs, hallways unobstructed

PHYSICAL PLANT 19a-79-7a cont.

- 79. (d)(8) **SMOKING** Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
- (d)(8) Matches/lighters inaccessible
- 82. (d)(10)(A) **TOILETING** Shared toilets/sinks-supervision plan
- (d)(10)(B) Toileting needs met
- (d)(10)(D) Required toilets/sinks-1:25
- (d)(10)(E) Toileting Supplies-Hand drying-Garbage
- (d)(10)(E) Handwashing staff/children
- (d)(10)(F) Toilets/sinks located at the facility
- (d)(10)(G) Well lighted/ventilated toilet rooms
- (d)(10)(H) Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
- 83. (d)(11) Staff personal articles inaccessible
- 84. (e)(1) **AIR TEMPERATURE** Air temp < 65°F comfortable
- (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
- 86. (e)(4) Portable space heaters prohibited
- 90. (e)(6) Hot water/Steam pipes protected
- 91. (e)(7) **TELEPHONE/NUMBERS** Working phone on each level
- (e)(7) Emergency numbers posted-adjacent to phones
- (e)(7) Parents provided direct on site phone number
- 94. (e)(8) **LIGHTING** All areas min. 1 foot candle of lighting
- (e)(9) Enough lighting for comfort
- (e)(9) Light fixtures shielded/shatter proof
- 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible
- 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
- 97. (e)(12) Stairs-protected/good repair-handrails
- 98. (e)(13) Toxic plants/materials inaccessible
- 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children
- 101. (e)(17) Radon test- Results: _____ (Schls-N/A)
- 102. (e)(18) Carbon monoxide detector-each level N/A
- 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child
- 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- 107. (g)(4) Developmentally app equipment, materials
- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. (h)(1) **OUTDOOR SPACE** Adequate space- 75 sq. ft. per child
- (h)(2) Shock absorbing surfaces-minimum 8"
- (h)(3) Playground free from hazards
- (h)(4) Nuts, bolts, screws-tight, covered/protected
- (h)(5) Outside equipment anchored-anchors buried
- (h)(6) New equip- cert playg. Inspection upon request
- (h)(8) Drinking water available/accessible
- (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. (h)(7) **OUTDOOR PROTECTED/FENCED** Playground protected from traffic, water, gullies or other hazards
- (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. (i) **WATER HAZARDS** Pools, swimming areas-conforms to DPH (N/A)
- (i) Wading pools prohibited
- (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME	Edgewood PTA Childcare Program	LICENSE NUMBER	15503	DATE OF INSPECTION	4.11.25
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SCHOOL AGE ENDORSEMENT 19a-79-11	MONITORING OF DIABETES 19a-79-13 Y/N
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<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	Written daily program plan-flexible schedule- available to staff/parents
	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A)	STAFF TRAINING Staff training – first aid
	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	(i)-(iii)	
	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/> 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> 175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> 177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> 178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.		NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors
	<input checked="" type="checkbox"/> (a)(2)	Labeling and Storage
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Unused/expired meds destroyed/returned
	<input checked="" type="checkbox"/> (a)(3)(C)	
<input checked="" type="checkbox"/> 160.		MEDICATION TRAINING <input checked="" type="checkbox"/> (b)(1)(A/C) Medication training-general-oral/top/inhalant
	<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions
NA		(N/A)

DISCUSSIONS/COMMENTS

- all items checked were observed or discussed

- Policy review checklist provided during inspection highlighting changes to the child care center regs, effective 10/16/24

Program must ensure policies are updated to reflect new requirements

* provided copy of new OEC complaint procedure

Signature of OEC staff	Jennifer Schultz
Printed Name	Jen Schultz

Signature of person in charge	Yeremia Ruerca
Printed Name	Yeremia Ruerca

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/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Edgewood PTA ChildCare program License # 15503 Date: 4.11.25

Observations/Corrections needed:

1 observed local health inspection to be more than 2 years old.

#22 regulation not in compliance when 1 staff member, present and working with children does not have a current or work supervised status in background check system/ roster.

#35 (1)(1)(2)(A-H) observed health and social service consultant agreements to be current, but do not include required services in accordance with regs in effect 10/16/24.

#49 observed snack menus to not indicate ^{and} dates. menus must be posted for current week and 1 week in advance. #62 observed Fire marshal certificate to be more than 1 year

Discus

observed 1 out of 7 student files to not include emergency permission and documentation of behavior management renewed with parents.

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: _____ (OEC Representative)

Print Name: _____

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: _____ (Person in Charge)

OEC BY: 4.25.25

Print Name: Yesenia Rivera