

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL    UNANNOUNCED FULL/PARTIAL    FOLLOW UP    LOCATION CHANGE    OTHER

Program Name: <u>Bright Horizons at Greenwich</u>	License Number: <u>Pending</u>	Date of Inspection: <u>8/26/21</u>	Time of Arrival: <u>9:30am</u>
Address: <u>75 Holly Hill Lane</u>	Expiration Date: <u>Pending</u>	Licensed Capacity: <u>122</u>	Under 3 Capacity: <u>80</u>
Town: <u>Greenwich</u>	Telephone: <u>203-962-4166</u>	# of children present: <u>0</u>	# of staff present: <u>4</u>
Operator: <u>Bright Horizons Childrens Center LLC</u>	Director: <u>Shelia Zielinski</u>		
Email: <u>Greenwichct@brighthorizons.com</u>	Head Teacher: <u>Shelia Zielinski</u>		
Hours of Operation: <u>9:30am - 6:00pm</u>	Summer Care: <u>Open</u>		
Ages Served: <u>6 weeks - 12 years</u>	Instruction Codes: √ = Compliance/No violation found   O = Non-compliance/Violation found N/A = Not applicable at this time		
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			

**Licensure Procedures 19a-79-2a**

1. Local Health Date: 6-28-21

**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: 1-8-21

10. OEC Complaint Procedure

11. Food Service Certificate Date: NA

12. Menus

13. Emergency Plans

14. No Smoking Signs

15. Radon Test (Y/N) Date: 1-29-26 Results: 0.4

**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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<u>NA</u>	<u>NA</u>

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 (Y/N)

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  
Peeling Paint (Y/N)   Sample Taken (Y/N)  
Building Pre-78 (Y/N)   Lead Test (Y/N)  
Results: NA

47. Lead Management Plan (Y/N) NA

48. Sanitary Drinking Fountains/Disposable Cups  
Water Supply: Public/Well

49. Lead Water Test Date: 4-16-21  
Bacterial/Chemical Test (Y/N) Date: NA

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 (Y/N)

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 (Y/N)

64. Hand Washing After Toileting: Staff/Children

65. Ventilation in Toilet Room

66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative: <u>Cathy Anderson</u>	Written Corrective Action Plan Due to OEC by: <u>prior to appeal</u>	Signature of Person in Charge: <u>Shelia Zielinski</u>
Print name: <u>Cathy Anderson Con Mangano</u>		Print name: <u>Shelia Zielinski</u>

## CHILD CARE CENTER/GROUP INSPECTION FORM

<p><b>Program Name:</b> <i>Bright Horizons at Greenwich</i></p>	<p><b>License Number:</b> <i>pending</i></p>	<p><b>Date of Inspection:</b> <i>8-26-21</i></p>
<p><b>Physical Plant continued:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°</li> <li><input checked="" type="checkbox"/> 68. Portable Space Heaters</li> <li><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</li> <li><input checked="" type="checkbox"/> 70. Rugs Secure</li> <li><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</li> <li><input checked="" type="checkbox"/> 72. Working Phone on Each Level</li> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</li> <li><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><b>Outdoor Space</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free from Hazards</li> <li><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)</li> <li><input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N) <i>NA</i></li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><b>Educational Requirements 19a-79-8a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><input checked="" type="checkbox"/> 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</li> </ul> <p><b>Administration of Medications 19a-79-9a</b> <i>discussed</i></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p><b>Nonprescription Topical Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><b>Self-Administration</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul> <p><b>Emergency Distribution of Potassium Iodide</b></p> <p><i>NA</i> <input type="checkbox"/> 108. KI Pills Parent Permission/Storage</p>	<p><b>Under Three Endorsement 19a-79-10</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 109. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</li> <li><input checked="" type="checkbox"/> 111. Group Size no Larger than 8</li> <li><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</li> <li><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space</li> <li><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs</li> <li><input checked="" type="checkbox"/> 115. Washable Cots</li> <li><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray</li> <li><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</li> <li><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities</li> <li><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use</li> <li><input checked="" type="checkbox"/> 120. Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 121. Disposable Paper Sheets</li> <li><input checked="" type="checkbox"/> 122. Covered Waste Receptacle</li> <li><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted</li> <li><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted</li> <li><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N</li> <li><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping</li> <li><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</li> <li><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter</li> <li><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</li> <li><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits</li> <li><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time</li> <li><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent</li> <li><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded</li> <li><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</li> <li><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served</li> <li><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name</li> </ul> <p><b>Outdoor Play Space-Under Three:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 141. Play Space Fenced</li> <li><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate</li> </ul> <p><b>School Age Children Endorsement 19a-79-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><b>Night Care Endorsement 19a-79-12 (10pm-5am)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 148. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 149. Written Program Plan/Supervision</li> <li><input checked="" type="checkbox"/> 150. Staff Awake/Available</li> <li><input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</li> <li><input checked="" type="checkbox"/> 152. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</li> </ul> <p><b>Monitoring of Diabetes 19a-79-13</b> <i>discussed</i></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>	
<p><b>Signature of OEC Representative</b> <i>Cathy Anderson</i></p>	<p><b>Written Corrective Action Plan</b> Due to OEC by: <i>over to Lon manganis approval</i></p>	<p><b>Signature of Person in Charge</b> <i>Sheila Zielinski</i></p>
<p><b>Print Name:</b> <u>Cathy Anderson</u></p>	<p><b>Print Name:</b> <u>Sheila Zielinski</u></p>	

post

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Horizons at Greenwich License # Pending Date: 8-26-21

Observations/Corrections needed:

All items on inspection form were discussed at this inspection

Corrections

- #89- Tree branches hanging low on all playground at child's level
- #132- mulch and rocks are on the playground that are under 1/4"
- #6- These Policies are not complete: Child abuse and neglect, supervision, Operating, Personal and medication Policy

Discussed - Supervision, group size, ratio and mandated reporting  
- Memo 45

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: Cathy Anderson  
(OEC Representative) Lon Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Judith Zulawski  
(Person in Charge)

OEC BY: Prior to approval

**SQUARE FOOTAGE REPORT**

**30 OR 35 sq/ft**

\*30 sq/ft licensed prior 1986 (continuous basis)

Bright Horizons of Greenwich  
(Name of Program)

Pending  
(License Number)

8/26/21  
(Date of Measurements)

INDOOR SPACE											
Room:	<u>Infant 4</u>	:	<u>(30 x 16.92)</u>	+	<u>(    x    )</u>	+	<u>(    x    )</u>	+	<u>(    x    )</u>	=	<u>507.6</u>
	(Name/Number)										
	Totals		<u>507.6</u>								Minus
Under 3	YES/NO	Deduction:	<u>(6.33 x 2.58)</u>	+	<u>(    x    )</u>	+	<u>(    x    )</u>	+	<u>(    x    )</u>	=	<u>16.33</u>
		Totals	<u>16.33</u>								<u>(8) due to group size</u>
		Description	<u>Closet</u>								
Total	<u>491.27</u>	÷	<u>(35)</u>	/	<u>30</u>	=	<u>14</u>				OK for <u>14</u> children
Room:	<u>Infant 2</u>	:	<u>(2917 x 16.92)</u>	+	<u>(    x    )</u>	+	<u>(    x    )</u>	+	<u>(    x    )</u>	=	<u>493.56</u>
	(Name/Number)										
	Totals		<u>493.56</u>								Minus
Under 3	YES/NO	Deduction:	<u>(3.50 x 3.33)</u>	+	<u>(6.33 x 2.58)</u>	+	<u>(    x    )</u>	+	<u>(    x    )</u>	=	<u>27.99</u>
		Totals	<u>11.66</u>		<u>16.33</u>						<u>(8) due to group size</u>
		Description	<u>refrigerator</u>		<u>Closet</u>						
Total	<u>465.57</u>	÷	<u>(35)</u>	/	<u>30</u>	=					OK for <u>13</u> children
Room:	<u>Toddler 1</u>	:	<u>(1658 x 20.75)</u>	+	<u>(    x    )</u>	+	<u>(    x    )</u>	+	<u>(    x    )</u>	=	<u>344.04</u>
	(Name/Number)										
	Totals		<u>344.04</u>								Minus
Under 3	YES/NO	Deduction:	<u>(1.50 x 4.17)</u>	+	<u>(6.33 x 2.58)</u>	+	<u>(    x    )</u>	+	<u>(    x    )</u>	=	<u>22.59</u>
		Totals	<u>6.26</u>		<u>16.33</u>						<u>(8) due to group size</u>
		Description	<u>Wall</u>		<u>Closet</u>						
Total	<u>321.45</u>	÷	<u>(35)</u>	/	<u>30</u>	=					OK for <u>9</u> children
Room:	<u>Toddler 2</u>	:	<u>(1658 x 21.72)</u>	+	<u>(    x    )</u>	+	<u>(    x    )</u>	+	<u>(    x    )</u>	=	<u>355.14</u>
	(Name/Number)										
	Totals		<u>355.14</u>								Minus
Under 3	YES/NO	Deduction:	<u>(6.50 x 4)</u>	+	<u>(5.17 x 1.67)</u>	+	<u>(    x    )</u>	+	<u>(    x    )</u>	=	<u>34.63</u>
		Totals	<u>26</u>		<u>8.63</u>						<u>(8) due to group size</u>
		Description	<u>Wall</u>		<u>Closet</u>						
Total	<u>320.51</u>	÷	<u>(35)</u>	/	<u>30</u>	=					OK for <u>9</u> children

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

\*30 sq/ft licensed prior 1986 (continuous basis)

Bright Horizons at Greenwich  
(Name of Program)

Pending  
(License Number)

8-26-21  
(Date of Measurements)

**INDOOR SPACE**

Room: Toddler 3 : (16.58 x 21.42) + (6.50 x 4) + ( ) + ( ) = 387.14  
(Name/Number) Totals 355.14 20 Minus

Under 3  
YES/NO

Deduction: ( ) + (1.67 x 5.17) + (1.08 x 1.08) + ( ) = 35.49  
Totals 8.63 .86  
Description closet column (8) due to group size

Total 387.14 ÷ 35/30 = 10 OK for 10 children

Room: Toddler 4 : (16.58 x 25) + (6.50 x 4) + ( ) + ( ) = 440.50  
(Name/Number) Totals 414.5 26 Minus

Under 3  
YES/NO

Deduction: (5.50 x 2.58) + ( ) + ( ) + ( ) = 14.19  
Totals 14.19  
Description closet (8) due to group size

Total 426.31 ÷ 35/30 = 10 OK for 10 children

Room: Kindergarten <sup>ca Schott Pter ca</sup> : (27.17 x 16.50) + (14.83 x 9.25) + (14.42 x 15) + ( ) = 790.92  
(Name/Number) Totals 437.44 137.18 216.3 Minus

Under 3  
YES/NO

Deduction: (56.7 x 1.08) + ( ) + ( ) + ( ) = 40.14  
Totals 40.14  
Description closet

Total 750.78 ÷ 35/30 = 21 OK for 21 children

Room: Toddler 5 : (22.75 x 14) + (4.17 x 7.42) + ( ) + ( ) = 349.44  
(Name/Number) Totals 318.5 30.94 Minus

Under 3  
YES/NO

Deduction: ( ) + ( ) + ( ) + ( ) = (8) due to group size  
Totals  
Description

Total 349.44 ÷ 35/30 = 9 OK for 9 children

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

Bright Horizons at Greerwood  
(Name of Program)

Pending  
(License Number)

\*30 sq/ft licensed prior 1986 (continuous basis)  
8-26-21  
(Date of Measurements)

INDOOR SPACE	
Room: <u>Infant 1</u>	: ( <u>2311</u> x <u>2050</u> ) + ( ) + ( ) + ( ) = <u>47499</u>
(Name/Number)	Totals <u>474.99</u> Minus
Under 3 <u>YES/NO</u>	Deduction: ( <u>1.25</u> x <u>1.25</u> ) + ( <u>1.25</u> x <u>1.25</u> ) + ( ) + ( ) = <u>3.13</u>
	Totals <u>1.56</u> <u>1.56</u>
	Description <u>Column</u> <u>Column</u> <u>8 due to group size</u>
Total <u>471.86</u>	÷ <u>35</u> /30 = <u>13</u> OK for <u>13</u> children
Room: <u>Infant 3</u>	: ( <u>23.7</u> x <u>23.25</u> ) + ( ) + ( ) + ( ) = <u>538.70</u>
(Name/Number)	Totals <u>538.70</u> Minus
Under 3 <u>YES/NO</u>	Deduction: ( <u>2.58</u> x <u>5.82</u> ) + ( <u>1.33</u> x <u>7.25</u> ) + ( <u>1.33</u> x <u>1.25</u> ) + ( <u>1.75</u> x <u>1.42</u> ) = <u>29.06</u>
	Totals <u>15.27</u> <u>9.64</u> <u>1.66</u> <u>2.49</u> <u>8 due to group size</u>
	Description <u>Closet</u> <u>Wall</u> <u>Column</u> <u>Column</u>
Total <u>509.64</u>	÷ <u>35</u> /30 = <u>14</u> OK for <u>14</u> children
Room: <u>Preschool</u>	: ( <u>40.7</u> x <u>20.61</u> ) + ( ) + ( ) + ( ) = <u>830.31</u>
(Name/Number)	Totals <u>830.31</u> Minus
Under 3 <u>YES/NO</u>	Deduction: ( <u>2.58</u> x <u>7.25</u> ) + ( <u>10.33</u> x <u>4.50</u> ) + ( <u>1.25</u> x <u>1</u> ) + ( <u>.83</u> x <u>1</u> ) = <u>70.63</u>
	Totals <u>19.99</u> <u>46.48</u> <u>2.5</u> <u>1.66</u>
	Description <u>Closet</u> <u>Stem</u> <u>Columns</u> <u>Columns</u>
Total <u>759.68</u>	÷ <u>35</u> /30 = <u>21</u> OK for <u>21</u> children
Room: <u>Infant 5</u>	: ( <u>26</u> x <u>14.33</u> ) + ( <u>8.83</u> x <u>1350</u> ) + ( ) + ( ) = <u>491.78</u>
(Name/Number)	Totals <u>372.58</u> <u>119.20</u> Minus
Under 3 <u>YES/NO</u>	Deduction: ( <u>2.33</u> x <u>3.75</u> ) + ( ) + ( ) + ( ) = <u>8.74</u>
	Totals <u>8.74</u>
	Description <u>refrigerator</u> <u>8 due to group size</u>
Total <u>483.04</u>	÷ <u>35</u> /30 = <u>13</u> OK for <u>13</u> children

Express the figure as whole number by rounding decimals down.

### SQUARE FOOTAGE REPORT (Page 2)

Bright Horizons of Greenview  
(Name of Program)

Pending  
(License Number)

9-20-21  
(Date of Measurement)

**ACTIVITY ROOM (Not counted in capacity)**

Room 7: MMA : (22.33 x 24) + ( ) + ( ) + ( ) = 535.92  
(Name of Room)

Under 3 Deduction : (14 x 2.92) - (1.75 x 8.83) - ( ) - ( ) = 56.33  
YES/NO/BOTH Description 40.88 15.45

Total 479.59 ÷ 35 = 13 Comment: OK for 13 children  
8 under 3's due to group size

Room 8: ( ) + ( ) + ( ) + ( ) = \_\_\_\_\_  
(Name of Room)

Under 3 Deduction : ( ) - ( ) - ( ) - ( ) = \_\_\_\_\_  
YES/NO/BOTH Description

Total \_\_\_\_\_ ÷ 35 = \_\_\_\_\_ Comment: OK for \_\_\_\_\_ children

Room 9: ( ) + ( ) + ( ) + ( ) = \_\_\_\_\_  
(Name of Room)

Under 3 Deduction : ( ) - ( ) - ( ) - ( ) = \_\_\_\_\_  
YES/NO/BOTH Description

Total \_\_\_\_\_ ÷ 35 = \_\_\_\_\_ Comment: OK for \_\_\_\_\_ children

**OUTDOOR SPACE (Not counted in capacity)**

Playground 1: (2358 x 29) + ( ) + ( ) = 682.09 ÷ 75 = 9  
Under 3 (683.82) - 1.25 x 1.42 (1.78) OK for 9 children  
YES/NO/BOTH Comment: 8 under 3's due to group size

Playground 2: (42 x 16.25) + (6.33 x 2.75) + (6.67 x 5) = 133.25 ÷ 75 = 9  
Under 3 (682.5) (17.40) (33.35) OK for 9 children  
YES/NO/BOTH Comment: 8 under 3's due to group size


Playground 3: (38 x 19) + ( ) + ( ) = 722 ÷ 75 = 9  
Under 3 OK for 9 children  
YES/NO/BOTH Comment: 8 due to group size

Playground 4: (38 x 19.5) + ( ) + ( ) = 746.22 ÷ 75 = 9  
Under 3 (750.50) - 1.17 x 1.83 x 2 = (4.28) OK for 9 children  
YES/NO/BOTH Comment: 03.58 due to group size

Playground 5: (45.2 x 37) + ( ) + ( ) = 1,679.12 ÷ 75 = 22  
Under 3 (1,699.04) - 4.67 x 2.83 = 13.22 (24.92) - 1.17 x 10 = 11.7 OK for 22 children  
YES/NO/BOTH Comment: 8 under 3's due to group size

Express the figure as whole number by rounding decimals down.

\*Total of toilets for children: 9 and adults 2 2 full bathrooms for staff  
\*Total of sinks for children: 17 and adults 2

 TOTAL CAPACITY 122 INCLUDING 80 UNDER THE AGE OF 3

\* 1 toilet and 1 sink for every 16 children (For programs serving children under 6 years of age)  
\* 1 toilet and 1 sink for every 25 children (For programs serving school age ONLY)