Post for 30 Operating Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302 Hartford, CT 06103
Phone (800)-282-6063 Fax (860)-326-0552

CHILD CARE CENTER/GROUP INSPECTION FORM

☒ INITIAL ☐ UNANNOUNCED FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: Little Scribbles Child Care & Learning	License Number: Pending	Date of Inspection: 11/2/22 Time of Arrival: 8:10
Address: 2 Nutmeg Dr.	Expiration Date: N/A	Licensed Capacity: Pending Under 3 Capacity: —
Town: Ellington	Telephone: 860-327-2514	# of children present: — # of staff present:
Operator: Little Scribbles Child Care & Learning LLC	Director: Jennifer Suarez	
Email: littlescribblescchildcare@outlook.com	Head Teacher: Jennifer Suarez	
Hours of Operation: 6:30-6:00	Summer Care: Open	
Ages Served: 6 wk - 12 yrs.	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found	

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

Licensure Procedures 19a-79-2a
- ☑ 1. Local Health Date: 10/26/22

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: 10/26/22
- ☑ 10. OEC Complaint Procedure
- ☑ 11. Food Service Certificate Date: 10/31/23
- ☑ 12. Menus
- ☑ 13. Emergency Plans
- ☑ 14. No Smoking Signs
- ☑ 15. Radon Test (Y/N) Date: 12/1/10 Results: .3
- ☑ 15a. Developmental Milestones

Staffing 19a-79-4a
- ☑ 16. Staff Health Records/TB Tests
- ☑ 17. Professional Development
- ☑ 18. Disciplinary Actions
- ☑ 18b. Background Checks
- ☑ 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	√	—
Health	√	—
Social Service	√	—
Dental	√	—
Dietitian	√	—

- ☑ 27. Logs/Visits Documented

Swimming: (Y/N)
- ☑ 28. Non-Swimmers Identified

Swimming cont.
- ☑ 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
- ☑ 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
- ☑ 48. Sanitary Drinking Fountains/Disposable Cups Water Supply: Public/Well
- ☑ 49. Lead Water Test Date: 6/9/21 Bacterial/Chemical Test (Y/N) Date: —
- ☑ 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
- ☑ 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
- ☑ 64. Hand Washing After Toileting: Staff/Children
- ☑ 65. Ventilation in Toilet Room
- ☑ 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative: Linda Maylan	Written Corrective Action Plan Due to OEC by: prior to licensure	Signature of Person in Charge: JSuarez
Print name: Linda Maylan		Print name: Jennifer Suarez

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name:	License Number:	Date of Inspection:
Little Scribbles Child Care & Learning	Pending	11/2/22

Physical Plant continued:

- ☑ 67. Water Temperature 60°-115°
- ☑ 68. Portable Space Heaters
- ☑ 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
- ☑ 70. Rugs Secure
- ☑ 71. Hot Water/Steam Pipes Protected
- ☑ 72. Working Phone on Each Level
- ☑ 73. Emergency Numbers Posted
- ☑ 74. Adequate Lighting: 50/30 Candle Feet
- ☑ 75. Light Fixtures Shielded/Shatter Proof
- ☑ 76. Potentially Hazardous Substances Locked
- ☑ 77. Garbage/Rubbish Disposed Daily
- ☑ 78. Stairs Protected/Good Repair/Handrails
- ☑ 79. Pets: Maintained/Care Plan (Y/N)
- ☑ 80. Operable CO Detector on Each Level (Y/N)
- ☑ 81. Program Space/Adequate Sq. Ft. Per Child
- ☑ 82. Equipment: Good Repair/Safe/Non-toxic
- ☑ 83. Cots Stored/Maintained/Adequate Number
- ☑ 84. Developmentally Appropriate Equipment/Materials
- ☑ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
- ☐ 86. No Weapons/No Facsimile of a Firearm on Premise

Outdoor Space

- ☑ 87. Outdoor Space Adequate Sq. Ft. Per Child
- ☐ 88. Impact Absorbing Material under Equipment
- ☐ 89. Playground Free from Hazards
- ☑ 90. Peeling Paint (Y/N) Sample Taken (Y/N)
- ☑ 91. Lead Management Plan (Y/N) _____
- ☑ 92. Equipment Anchored/Safely Arranged
- ☑ 93. Outdoor Play Area Protected/Fenced
- ☑ 94. Drinking Water Available/Accessible

Educational Requirements 19a-79-8a

- ☑ 95. Written Plan for Daily Program Available to Parents/Staff
- ☑ 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

Administration of Medications 19a-79-9a _____

- ☑ 97. Written Policies/Procedures
- ☐ 98. Training Outline on file

Nonprescription Topical Medications

- ☑ 99. Administration/Parent Permission/MAR
- ☑ 100. Labeling/Storage

Oral/Topical/Inhalant/Injectable Medications

- ☑ 101. Med Trained Staff/Certificates
- ☑ 102. Authorized Prescriber/Parent Permission/MAR
- ☑ 103. Labeling/Storage
- ☑ 104. Unused/Expired Meds Returned/Disposed

Self-Administration

- ☑ 105. Authorized Prescriber/Parent Permission/MAR
- ☑ 106. Labeling/Storage
- ☑ 107. Approved Petition For Special Med Authorization

Emergency Distribution of Potassium Iodide

- ☑ 108. KI Pills Parent Permission/Storage

N/A

Under Three Endorsement 19a-79-10

- ☑ 109. Approved Endorsement
- ☑ 110. Ratio: 1 Staff to 4 Children
- ☑ 111. Group Size no Larger than 8
- ☑ 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
- ☑ 113. Adequate Sinks in Program Space
- ☑ 114. Free Standing/Well-Constructed/Safe Cribs
- ☑ 115. Washable Cots
- ☑ 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray
- ☑ 117. Dev. Appropriate Tables/Chairs/Equipment
- ☑ 118. Refrigerators and Food Prep Facilities
- ☑ 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
- ☑ 120. Washed/Disinfected
- ☑ 121. Disposable Paper Sheets
- ☑ 122. Covered Waste Receptacle
- ☑ 123. Diaper Changing Policy Posted
- ☑ 124. Hand Washing Policy Posted
- ☑ 125. Individual Storage of Personal Items
- ☑ 126. Cribs/Cots Washed/Disinfected
- ☑ 127. Under 12 Months Placed on Back for Sleeping
- ☑ 128. Alternate Sleep Position/Equip-Medical Document Y/N
- ☑ 129. Crib/Bed Used for Infant Sleeping
- ☑ 130. Crib/Bed Free from Observable Hazards
- ☑ 131. Infant Toys Separate/Washed/Disinfected Daily
- ☑ 132. No Toys/Objects Less than 1 ¼" Diameter
- ☑ 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
- ☑ 134. Health Consultant/Documentation of Visits
- ☑ 135. Infants Held for Bottles/Individual Attn/Tummy Time
- ☑ 136. Written Statement/Feeding Schedule from Parent
- ☑ 137. Unused Portions of Liquids Discarded
- ☑ 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
- ☑ 139. Food Served from Dish or Whole Jar Served
- ☑ 140. Bottles Individually Identified w/Child's Name

Outdoor Play Space-Under Three:

- ☑ 141. Play Space Fenced
- ☑ 142. Outdoor Equipment: Dev. Appropriate

School Age Children Endorsement 19a-79-11

- ☑ 143. Approved Endorsement
- ☑ 144. Activity choices appropriate
- ☑ 145. Ratio: 1 Staff to 10 Children
- ☑ 146. Group Size: Max. 20 Children
- ☑ 147. Education Consultant Appropriate

Night Care Endorsement 19a-79-12 (10pm-5am)

- ☐ 148. Approved Endorsement
- ☐ 149. Written Program Plan/Supervision
- ☐ 150. Staff Awake/Available
- ☐ 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel
- ☐ 152. Individual Storage of Personal Items
- ☐ 153. Bedding/Sleeping Apparel Laundered Weekly

N/A

Monitoring of Diabetes 19a-79-13 none

- ☑ 154. Written Policies/Procedures
- ☑ 155. On Site Staff Trained in First Aid/Glucose Testing
- ☑ 156. Training Current/Documented
- ☑ 157. Supervision of Self Administration
- ☑ 158. Equipment/Supplies: Labeled/Inaccessible
- ☑ 159. Signed Agreement w/Parent Regarding Equipment
- ☑ 160. Materials Discarded Appropriately
- ☑ 161. Authorized Prescriber/Parent Permission
- ☑ 162. Documentation of Test Results/Actions Taken
- ☑ 163. Daily Written Parent Notifications

Signature of OEC Representative	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge
Linda Maylan	prior to licensure	J Suarez
Print Name: Linda Maylan		Print Name: Jennifer Suarez

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Scribbles Child Care & Learning License # pending Date: 11/2/22

Observations/Corrections needed:

Observed 2 staff bathrooms.
14 sinks and 7 toilets.
All rooms and playground measurements on attached square footage reports. Room/space capacity as follows:

#1- Clubhouse - 19 max
2- Punkins - 19 max
3- Ducklings - 10 max
* 4- Bear Cubs - 8
* 5- Teddy Bears - 8
* 6- Guppies - 8
* 7- Bees - 7
* 8- Sweet Peas - 8
* 9- Pea Sprouts - 8
* = Under 3's

[outside]
Greenhouse I/T
* 8 Max
P.S. - 29 max
Greenhouse P.S.
20 max
* Infant Play - 6 max - (2 staff).
* Toddler 1 - 8 max
* Toddler 2 - 8 max

95 Maximum capacity / 47 under 3's

#6- Not all policies observed to meet all requirements.
88- less than 8" impact material under 3 piece of equipment.
89- Rust observed on latch of gate, Hoop cracked

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: Linda Moylan (OEC Representative)
Print Name: Linda Moylan

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to licensure

Signature: JSuarez (Person in Charge)
Print Name: Jennifer Suarez

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Scribbles License # pending Date: 11/2/22

Observations/Corrections needed: Child Care & Learning

60 - Electrical outlets not covered and documentation of safety ~~covers not~~ on outlets not available.

98 - Medication training outline not available. Copy of the food service certificate from the food vendor required.

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: Linda Moylan
(OEC Representative)
Print Name: Linda Moylan

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to licensure

Signature: Jsuarez
(Person in Charge)
Print Name: Jennifer Suarez

SQUARE FOOTAGE REPORT

Little Scribbles (Name of Program) | pending (License Number) | 11/2/22 (Date of Measurements)

INDOOR SPACE

Room: Clubhouse (#1) (Name/Number) : (35.2 x 13.2)+(3.8 x 7.5)+(18.8 x 5.8)+(7.8 x 12.1)= 708.34

1.9 x 6.2 (11.78)

Totals 464.64 | 28.5 | 109.04 | 94.38 | Minus

Under 3 YES/NO

Deduction: (3.1 x 5.8)+(4 x 1.8)+(2 x 5.6)+(___ x ___)= -31.2

Totals 12.18 | 7.2 | 11.2 | ___

Description food prep | storage | ___ | ___

Total 677.14 ÷35/30= 19.34 (4 sinks) OK for 19 children

Room: Punkins (#2) (Name/Number) : (31.1 x 22.3)+(4.2 x .8)+(___ x ___)+(___ x ___)= 698.49

Totals 693.53 | 4.96 | ___ | ___ | Minus

Under 3 YES/NO

Deduction: (6.1 x 2.1)+(2.2 x 1.5)+(4.4 x 2)+(___ x ___)= -24.91

Totals 12.81 | 3.3 | 8.8 | ___

Description shelf | shelf | shelf | ___

Total 673.58 ÷ 35/30= 19.24 (1 sink) OK for 19 children

Room: Ducklings (#3) (Name/Number) : (17.1 x 21.3)+(1.5 x 2.9)+(___ x ___)+(___ x ___)= 368.58

Totals 364.23 | 4.35 | ___ | ___ | Minus

Under 3 YES/NO

Deduction: (4 x 4)+(4.2 x 2)+(___ x ___)+(___ x ___)= -16.4

Totals 8 | 8.4 | ___ | ___

Description cabinet | food prep | ___ | ___

Total 352.18 ÷ 35/30= 10.06 (3 sinks) OK for 10 children

Room: Bear Cubs (#4) (Name/Number) : (17.1 x 18.1)+(___ x ___)+(___ x ___)+(___ x ___)= 309.51

Totals 309.51 | ___ | ___ | ___ | Minus

Under 3 YES/NO

Deduction: (4 x 4)+(___ x ___)+(___ x ___)+(___ x ___)= -16

Totals 16 | ___ | ___ | ___

Description ___ | ___ | ___ | ___

Total 293.51 ÷ 35/30= 8.38 (1 sink) OK for 8 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)

Little Scribbles (Name of Program) | pending (License Number) | 11/7/22 (Date of Measurements)

INDOOR SPACE

Room: Teddy Bears (#5) : (17.2 x 19.1)+(___ x ___)+(___ x ___)+(___ x ___)= 328.52

Totals 328.52 | Minus

Under 3 YES/NO — Deduction: (8.2 x 3.7)+(2 x 5.7)+(~~1.3 x 1.5~~)+(___ x ___)= -41.74

Totals 30.34 | 11.40

Description door | door | 1 sink

Total 386.78 ÷35/30= 8.19 — OK for 8 children

Room: Guppies (#6) : (15.9 x 18.2)+(___ x ___)+(___ x ___)+(___ x ___)= 289.38

Totals 289.38 | Minus

Under 3 YES/NO — Deduction: (~~2~~ x 4)+(___ x ___)+(___ x ___)+(___ x ___)= -8

Totals 8

Description 1 sink

Total 281.38 ÷35/30= 8.03 — OK for 8 children

Room: Bees (#7) : (17.8 x 15.8)+(___ x ___)+(___ x ___)+(___ x ___)= 281.24

Totals 281.24 | Minus

Under 3 YES/NO — Deduction: (4 x 2)+(___ x ___)+(___ x ___)+(___ x ___)= -8

Totals 8

Description 1 sink

Total 273.24 ÷35/30= 7.80 — OK for 7 children

Room: Sweet Peas (#8) : (15.7 x 18.1)+(___ x ___)+(___ x ___)+(___ x ___)= 284.7

Totals 284.7 | Minus

Under 3 YES/NO — Deduction: (___ x ___)+(___ x ___)+(___ x ___)+(___ x ___)=

Totals

Description 1 sink

Total 284.7 ÷35/30= 8.11 — OK for 8 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)

Little Scribbles (Name of Program) — pending (License Number) — ______ (Date of Measurements)

INDOOR SPACE

Room: Pea Sprouts (Name/Number) : (21.7 x 13.1)+(x)+(x)+(x)= 284.27

Totals 284.27

Under 3 YES/NO

Deduction: (x)+(x)+(x)+(x)= ______ **Minus**

Totals

Description

Total 284.27 ÷ 35/30= 8.12 1 sink

OK for 8 children

Room: ______ (Name/Number) : (x)+(x)+(x)+(x)=

Totals

Under 3 YES/NO

Deduction: (x)+(x)+(x)+(x)= ______ **Minus**

Totals

Description

Total ______ ÷ 35/30= ______

OK for ______ children

Room: ______ (Name/Number) : (x)+(x)+(x)+(x)=

Totals

Under 3 YES/NO

Deduction: (x)+(x)+(x)+(x)= ______ **Minus**

Totals

Description

Total ______ ÷ 35/30= ______

OK for ______ children

Room: ______ (Name/Number) : (x)+(x)+(x)+(x)=

Totals

Under 3 YES/NO

Deduction: (x)+(x)+(x)+(x)= ______ **Minus**

Totals

Description

Total ______ ÷ 35/30= ______

OK for ______ children

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

(Not counted in capacity)

Little Scribbles (Name of Program) | pending (License Number) | 11/7/23 (Date of Measurements)

ACTIVITY ROOM (Not counted in capacity)

Room: Greenhouse (Name/Number): (25.7 x 63)+(___ x ___)+(___ x ___)+(___ x ___)= 1619

Totals _____ Minus

Under 3 YES/NO/BOTH — Deduction: (___ x ___)+(___ x ___)+(___ x ___)+(___ x ___)= _____

Totals _____

Description _____

Total 1619 ÷ ~~35~~/30 = 21 (75) OK for 20 children

Room: Playground (Name/Number): (71.6 x 30.8)+(___ x ___)+(___ x ___)+(___ x ___)= _____

P.S. Totals 2205.28 Minus

Under 3 YES/NO/BOTH — Deduction :(___ x ___)+(___ x ___)+(___ x ___)+(___ x ___)= _____

Totals _____

Description _____

Total 2205.28 ÷ ~~35~~/30 = 29 (75) must maintain ratio/group size OK for 29 children 20 group.

OUTDOOR SPACE (Not counted in capacity)

Playground 1: (41.5 x 11.6)+(___ x ___)+(___ x ___)= 481.4 ÷ 75= 6.41

Infant Under 3 YES/NO/BOTH Totals: _____ OK for 6 children

Playground 2: (36.3 x 31.3)+(___ x ___)+(___ x ___)= _____ ÷ 75= 1317.69

Toddler Under 3 YES/NO/BOTH Totals: _____ OK for 17 children 8 max under 3's

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Playground 3: (36.8 x 36.5)+(___ x ___)+(___ x ___)= _____ ÷ 75= 1378.3

Toddler Under 3 YES/NO/BOTH Totals: _____ OK for 18 children 8 max under 3

Express the figure as whole number by rounding decimals down.

*Total of toilets for children: _____ Exclusive use for staff _____

*Total of sinks for children: _____

TOTAL CAPACITY _____ INCLUDING _____ 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)

SQUARE FOOTAGE REPORT

(Not counted in capacity)

Little Scribbles (Name of Program) | Pending (License Number) | 11/2/22 (Date of Measurements)

ACTIVITY ROOM (Not counted in capacity)

Room: _____ (Name/Number): (____x____)+(____x____)+(____x____)+(____x____)= _____

Totals _____ _____ _____ _____ Minus

Under 3 YES/NO/BOTH Deduction: (____x____)+(____x____)+(____x____)+(____x____)= _____

Totals _____ _____ _____ _____

Description _____ _____ _____ _____

Total _____ ÷ 35/30= _____ OK for _____ children

Room: _____ (Name/Number): (____x____)+(____x____)+(____x____)+(____x____)= _____

Totals _____ _____ _____ _____ Minus

Under 3 YES/NO/BOTH Deduction :(____x____)+(____x____)+(____x____)+(____x____)= _____

Totals _____ _____ _____ _____

Description _____ _____ _____ _____

Total _____ ÷ 35/30= _____ OK for _____ children

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

Playground 1: (20.2 x 30.8)+(____x____)+(____x____)= 622.16 ÷ 75= 8.29

Green house I/T

Under 3 YES/NO/BOTH Totals: _____ _____ _____ OK for 8 children

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Playground 2: (____x____)+(____x____)+(____x____)= _____ ÷ 75= _____

Under 3 YES/NO/BOTH Totals: _____ _____ _____ OK for _____ children

---

Playground 3: (____x____)+(____x____)+(____x____)= _____ ÷ 75= _____

Under 3 YES/NO/BOTH Totals: _____ _____ _____ OK for _____ children

Express the figure as whole number by rounding decimals down.

*Total of toilets for children: _____ Exclusive use for staff _____

*Total of sinks for children: _____

TOTAL CAPACITY _____ INCLUDING _____ 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)

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

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

______________________________ (Name of Program)

__________ (License Number)

______________ (Date of Measurements)

INDOOR SPACE

Room: ____________ : (____x____)+(____x____)+(____x____)+(____x____)= __________
(Name/Number)
Totals ________ ________ ________ ________ **Minus**
Under 3
YES/NO Deduction: (____x____)+(____x____)+(____x____)+(____x____)= __________
Totals ________ ________ ________ ________
Description ________ ________ ________ ________

Total__________ ÷ 35/30= ______ **OK for _____ children**

Room: ____________ : (____x____)+(____x____)+(____x____)+(____x____)= __________
(Name/Number)
Totals ________ ________ ________ ________ **Minus**
Under 3
YES/NO Deduction: (____x____)+(____x____)+(____x____)+(____x____)= __________
Totals ________ ________ ________ ________
Description ________ ________ ________ ________

Total__________ ÷ 35/30= ______ **OK for _____ children**

Room: ____________ : (____x____)+(____x____)+(____x____)+(____x____)= __________
(Name/Number)
Totals ________ ________ ________ ________ **Minus**
Under 3
YES/NO Deduction: (____x____)+(____x____)+(____x____)+(____x____)= __________
Totals ________ ________ ________ ________
Description ________ ________ ________ ________

Total__________ ÷ 35/30= ______ **OK for _____ children**

Room: ____________ : (____x____)+(____x____)+(____x____)+(____x____)= __________
(Name/Number)
Totals ________ ________ ________ ________ **Minus**
Under 3
YES/NO Deduction: (____x____)+(____x____)+(____x____)+(____x____)= __________
Totals ________ ________ ________ ________
Description ________ ________ ________ ________

Total__________ ÷ 35/30= ______ **OK for _____ children**

Express the figure as whole number by rounding decimals down.