

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Big Dream ELC</u>	License Number: <u>Pending</u>	Date of Inspection: <u>4-13-23</u>	Time of Arrival: <u>9:30am</u>
Address: <u>789 Reservoir Ave</u>	Expiration Date: <u>Pending</u>	Licensed Capacity: <u>132</u>	Under 3 Capacity: <u>56</u>
Town: <u>Bridgeport</u>	Telephone: <u>203-502-1206</u>	# of children present: <u>0</u>	# of staff present: <u>2</u>
Operator: <u>Big dreams ELL LLC</u>	Director: <u>Danra Baez</u>	Head Teacher: <u>Jeanette Vega</u>	
Email: <u>rvegules@hotmail.com</u>	Summer Care: <u>open</u>		
Hours of Operation: <u>M-F 7am-6pm</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Ages Served: <u>6 weeks - 13 years</u>	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: 10-1-22
- 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: 10-12-22
- 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: 3-5-20 Results: 19
- 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	<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

**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: 5-24-21  
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
- 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: <u>Cathy Anderson</u>	Written Corrective Action Plan Due to OEC by: <u>Prorto approval</u>	Signature of Person in Charge: <u>Danra Baez</u>
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Print name: Cathy Anderson Print name: Danra Baez

## CHILD CARE CENTER/GROUP INSPECTION FORM

<p><b>Program Name:</b> <i>Big Dream ELC</i></p>	<p><b>License Number:</b> <i>Pending</i></p>	<p><b>Date of Inspection:</b> <i>4-13-23</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"/> 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></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>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 <i>CA</i></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 <i>WA</i></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></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>Print Name:</b> <i>Cathy Anderson</i></p>	<p><b>Written Corrective Action Plan</b> Due to OEC by: <i>Prior to approval</i></p>	<p><b>Signature of Person in Charge</b> <i>Dania Balz</i></p> <p><b>Print Name:</b> <i>Dania Balz</i></p>

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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Big Dream ELC License # Pending Date: 4-13-23

Observations/Corrections needed:

All items on the inspection form was discussed in detail with the Director.

Discussed - ratio, supervision, group size and mandated reporting removed Cleaners at inspection in room 203

Corrections

#45- furniture not secured in multipurpose room

Still needed for approval

Local Health approval

Dental agreement

Correction Action Plan

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

Print Name: Cathy Anderson  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Dania Baez

OEC BY: PNW to approval

Print Name: Dania Baez  
(Person in Charge)

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

Big Dreams ELC  
(Name of Program)

Pending  
(License Number)

\*30 sq/ft licensed prior 1986 (continuous basis)  
4-3-23  
(Date of Measurements)

**INDOOR SPACE**

Room: 1 floor/LL : (183 x 28.7) + (238 x 14.5) + (17.7 x 12.1) + (      x     ) = 1,084.48  
(Name/Number) Totals 52521 345.1 214.17 Minus

Under 3  
YES/NO (NO) Deduction: (2.8 x 28) + (2.2 x 26) + (3.6 x .8) + (3 x 6.5) = 35.94  
Totals 7.84 5.72 2.88 19.5 Minus

Description Wall Wall Wall Wall (20) requested

Total 1,048.54 ÷ 35/30 = 29 OK for (29) children

Room: 2 floor/LL : (496 x 238) + (      x     ) + (      x     ) + (      x     ) = 1,180.48  
(Name/Number) Totals                     Minus

Under 3  
YES/NO (NO) Deduction: (5.1 x 3) + (86 x 9.3) + (25 x 2.4) + (      x     ) = 101.28  
Totals 15.3 79.98 6      Minus

Description Closet Wall refrigerator      (20) requested

Total 1,079.2 ÷ 35/30 = 30 OK for (30) children

Room: 3 floor/LL : (9.7 x 17.9) + (136 x 1.9) + (6 x 13.6) + (      x     ) = 281.07  
(Name/Number) Totals 173.63 25.84 81.6      Minus

Under 3  
YES/NO (NO) Deduction: (      x     ) + (      x     ) + (      x     ) + (      x     ) =       
Totals                     Minus

Description                    

Total 281.07 ÷ 35/30 = 8 OK for (8) children

Room: 4 floor/LL : (203 x 17.4) + (      x     ) + (      x     ) + (      x     ) = 353.22  
(Name/Number) Totals 353.22                Minus

Under 3  
YES/NO (NO) Deduction: (      x     ) + (      x     ) + (      x     ) + (      x     ) =       
Totals                     Minus

Description                     (8) due to group size

Total 353.22 ÷ 35/30 = 10 OK for (10) children

Express the figure as whole number by rounding decimals down.

LL = lower level

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

Big Dreams ELL  
(Name of Program)

Pending  
(License Number)

\*30 sq/ft licensed prior 1986 (continuous basis)  
4-13-23  
(Date of Measurements)

**INDOOR SPACE**

Room: 5 floor LL : (203 x 185) + (      x      ) + (      x      ) + (      x      ) = 375.55  
(Name/Number) Totals 375.55 Minus

Under 3  
YES/NO

Deduction: (0.9 x 1.5) + (1.8 x 2.2) + (.9 x 1.7) + (      x      ) = 6.84  
Totals 1.35 3.96 1.53  
Description wall wall wall

(8) due to group size

Total 368.71 ÷ (35/30) = 10

OK for 10 children

Room: 6 floor LL : (23.4 x 8.9) + (11.3 x 11.5) + (      x      ) + (      x      ) = 338.21  
(Name/Number) Totals 208.26 129.95 Minus

Under 3  
YES/NO

Deduction: (2.2 x 2.3) + (      x      ) + (      x      ) + (      x      ) = 5.06  
Totals 5.06  
Description wall

(8) due to group size

Total 333.15 ÷ (35/30) = 9

OK for 9 children

Room: 203 floor 2 ML : (20 x 34.50) + (      x      ) + (      x      ) + (      x      ) = 690  
(Name/Number) Totals 690 Minus

Under 3  
YES/NO

Deduction: (1.17 x 5.08) + (      x      ) + (      x      ) + (      x      ) = 5.94  
Totals 5.94  
Description closet

Total 684.06 ÷ (35/30) = 19

OK for 19 children

Room: 202 floor 2<sup>ML</sup> : (24.67 x 18) + (34 x 5.25) + (      x      ) + (      x      ) = 622.56  
(Name/Number) Totals 444.06 178.5 Minus

Under 3  
YES/NO

Deduction: (      x      ) + (      x      ) + (      x      ) + (      x      ) =       
Totals       
Description     

Total 622.56 ÷ (35/30) = 17

OK for 17 children

Express the figure as whole number by rounding decimals down.

ML = main level

### SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

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

Big Dream ELC  
(Name of Program)

Pending  
(License Number)

4/13/23  
(Date of Measurements)

#### INDOOR SPACE

Room: 204 Floor 2 ML: 3033 x 9.83 + (      x      ) + (      x      ) + (      x      ) = 2989  
(Name/Number)

Under 3 YES/NO YES Totals \_\_\_\_\_ Minus \_\_\_\_\_  
Deduction: (      x      ) + (      x      ) + (      x      ) + (      x      ) = \_\_\_\_\_  
Totals \_\_\_\_\_

Description \_\_\_\_\_  
Total 298.14 ÷ 35/30 = 8 OK for 8 children

Room: 205 Floor 2 ML: 2883 x 11.50 + (      x      ) + (      x      ) + (      x      ) = 331.55  
(Name/Number)

Under 3 YES/NO YES Totals 331.55 Minus \_\_\_\_\_  
Deduction: ( 0.58 x 7.50 ) + (      x      ) + (      x      ) + (      x      ) = 4.35  
Totals 4.35

Description Door \_\_\_\_\_  
Total 327.2 ÷ 35/30 = 9 OK for 9 children 8 due to group size

Room: 206 Floor 2 ML: 2025 x 12.25 + ( 9.67 x 8.33 ) + (      x      ) + (      x      ) = 248.06  
(Name/Number)

Under 3 YES/NO YES Totals 248.06 80.55 Minus \_\_\_\_\_  
Deduction: ( 1.33 x 1.25 ) + (      x      ) + (      x      ) + (      x      ) = 1.66  
Totals 1.66

Description wall \_\_\_\_\_  
Total 326.95 ÷ 35/30 = 9 OK for 9 children 8 due to group size

Room: 207 Floor 2 ML : (      x      ) + (      x      ) + (      x      ) + (      x      ) = \_\_\_\_\_  
(Name/Number)

Under 3 YES/NO \_\_\_\_\_ Totals \_\_\_\_\_ Minus \_\_\_\_\_  
Deduction: (      x      ) + (      x      ) + (      x      ) + (      x      ) = \_\_\_\_\_  
Totals \_\_\_\_\_

Description \_\_\_\_\_  
Total \_\_\_\_\_ ÷ 35/30 = \_\_\_\_\_ OK for \_\_\_\_\_ children

Express the figure as whole number by rounding decimals down.

**SQUARE FOOTAGE REPORT**

Big Dreams ELC  
(Name of Program)

(Not counted in capacity)  
pending  
(License Number)

4-13-23  
(Date of Measurements)

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

Room: 202 floor 2 mc:  $(21.42 \times 11.25) + (38.47 \times 12.33) + (\quad \times \quad) + (\quad \times \quad) = 693.12$   
(Name/Number) Totals 240.98 452.14

Under 3  
YES/NO/BOTH Deduction:  $(15.42 \times 12.33) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 19.13$   
Totals 190.13  
Description wall or 8 under 3's due to group size

Total 712.25  $\div 35/30 = 20$  OK for 20 children

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Room: \_\_\_\_\_:  $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$  \_\_\_\_\_  
(Name/Number) Totals \_\_\_\_\_

Under 3  
YES/NO/BOTH Deduction:  $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$  \_\_\_\_\_  
Totals \_\_\_\_\_  
Description \_\_\_\_\_

Total \_\_\_\_\_  $\div 35/30 =$  \_\_\_\_\_ OK for \_\_\_\_\_ children

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

Playground 1:  $(52 \times 66) + (\quad \times \quad) + (\quad \times \quad) = 3,432 \div 75 = 45$   
Under 3 Totals: \_\_\_\_\_ OK for 45 children  
YES/NO/BOTH 8 under 3's due to group size

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Playground 2:  $(29.67 \times 25.33) + (\quad \times \quad) + (\quad \times \quad) = 751.54 \div 75 = 10$   
Under 3 Totals: \_\_\_\_\_ OK for 10 children  
YES/NO/BOTH 8 under 3's due to group size

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Playground 3:  $(29.67 \times 25.33) + (\quad \times \quad) + (\quad \times \quad) = 751.54 \div 75 = 10$   
Under 3 Totals: \_\_\_\_\_ OK for 10 children  
YES/NO/BOTH 8 under 3's due to group size

Express the figure as whole number by rounding decimals down.

\*Total of toilets for children: 13  
\*Total of sinks for children: 10

Exclusive use for staff 2  
132 required

Playground #4 (Side of Building on Deck)  
 $28.7 \times 30 = 861 \div 75 = 11$  or 8 under 3's due to group size

**TOTAL CAPACITY** 151 INCLUDING 56 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)