

From: [Merrill, Bridget](#)
To: [Merrill, Bridget](#)
Date: Tuesday, August 22, 2023 1:20:14 PM

SQUARE FOOTAGE REPORT

Kids Time Learning Center
(Name of Program)

70520
(License Number)

8/14/2023
(Date of Measurements)

INDOOR SPACE
Room: Before/After School: $(17.8 \times 38.3) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 681.74$
(Name/Number) Totals 681.74 Minus _____
Under 3
YES/NO YES Deduction: $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$ _____
Totals _____
Description _____
Total 681.74 $\div 35/30 = 19.4$ OK for 19 children

Room: _____ : $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$ _____
(Name/Number) Totals _____ Minus _____
Under 3
YES/NO Deduction: $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$ _____
Totals _____
Description _____
Total _____ $\div 35/30 =$ _____ OK for _____ children

Room: _____ : $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$ _____
(Name/Number) Totals _____ Minus _____
Under 3
YES/NO Deduction: $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$ _____
Totals _____
Description _____
Total _____ $\div 35/30 =$ _____ OK for _____ children

Room: _____ : $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$ _____
(Name/Number) Totals _____ Minus _____
Under 3
YES/NO Deduction: $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$ _____
Totals _____
Description _____
Total _____ $\div 35/30 =$ _____ OK for _____ children

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

Kidz Time Learning Center
(Name of Program)

(Not counted in capacity)
70570
(License Number)

8/16/2023
(Date of Measurements)

ACTIVITY ROOM (Not counted in capacity)

Room: Media Room : (18.3 x 26.5) + () + () + () = 484.95
(Name/Number) Totals Minus

Under 3 Totals 484.95

YES/NO/BOTH Deduction: () + () + () + () =
YES/NO/BOTH Totals
Description

Total 484.95 ÷ 35/30 = 13.8 *OK for 13 children age 3+ or 8 children under age 3 yrs* OK for 13/8 children

Room: () + () + () + () =
(Name/Number) Totals Minus

Under 3 Totals

YES/NO/BOTH Deduction: () + () + () + () =
YES/NO/BOTH Totals
Description

Total ÷ 35/30 = OK for children

OUTDOOR SPACE (Not counted in capacity)

Playground 1: (26 x 40.1) + () + () = 1042.6 ÷ 75 = 13.9
Totals: 1042.6 OK for 13 children

Under 3 YES/NO/BOTH Playground right of entry door (larger yard)

Playground 2: (20.8 x 40.1) + () + () = 834.08 ÷ 75 = 11.1
Totals: 834.08 OK for 11/8 children

Under 3 YES/NO/BOTH OK for 11 children age 3+ or 8 under age 3 yrs

Playground 3: () + () + () = ÷ 75 =
Totals: OK for children

Under 3 YES/NO/BOTH

Express the figure as whole number by rounding decimals down.

*Total of toilets for children: 10 Exclusive use for staff 1
*Total of sinks for children: 12

TOTAL CAPACITY 63 INCLUDING 24 UNDER THE AGE

- * 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)

Kidz Tyme Learning Center
(Name of Program)

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

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

70670
(License Number)

9/16/2023
(Date of Measurements)

INDOOR SPACE

Room: Toddler 7 : $(39.5 \times 18.3) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 722.85$
(Name/Number) Totals 722.85 Minus

Under 3
YES/NO

Deduction: $(1.7 \times 1.8) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 3.06$
Totals 3.06

Description Refrig

Total 719.79 $\div (35/30) = 20.5$ OK for 8 children

Room: Infant 6 : $(21.9 \times 34.4) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 753.36$
(Name/Number) Totals 753.36 Minus

Under 3
YES/NO

Deduction: $(4.8 \times 1.9) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 9.12$
Totals 9.12

Description Counter

Total 744.24 $\div (35/30) = 21.2$ OK for 8 children

Room: Infant 5 : $(34.4 \times 22.7) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 780.88$
(Name/Number) Totals 780.88 Minus

Under 3
YES/NO

Deduction: $(1.7 \times 1.8) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 3.06$
Totals 3.06

Description Refrig

Total 777.82 $\div (35/30) = 22.2$ OK for 8 children

Room: Preschool 1 : $(36.7 \times 21.8) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 800.06$
(Name/Number) Totals 800.06 Minus

Under 3
YES/NO

Deduction: $(17.6 \times 4.1) + (1.7 \times 1.7) + (\quad \times \quad) + (\quad \times \quad) = 75.05$
Totals 72.16 2.89

Description Wall Refrig

Total 725.01 $\div (33/30) = 20.7$ OK for 20 children

Express the figure as whole number by rounding decimals down.

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidz Time Learning Center

License # 70570

Date: 8/14/2023

Observations/Corrections needed:

- #45- observed lights out in Before/After school room
- #65- observed no documentation of mechanical ventilation for all bathrooms
- #66- observed no wall mounted thermometers in classrooms and Media room
- #67- observed hot water temperature at 116.3 in hall bathroom and 123.2 in Toddler?
- #68- observed stained ceiling tiles in hallway of staff bathroom, Before/After School room, Preschool room and bathroom in hallway next to entry left
- #75- observed unprotected light bulbs in Before/After school room
- #132- observed Gravel less than 1.25in accessible on the playground

Indoor capacity = 63 with 24 under age 3 years
 Copy of measurements left w/ program
 Outdoor capacity = 13 in Preschool/School age yard and 3 child under age 3 yrs or 11 in under 3/Preschool yard
 Program must get OEC approval prior to operating
 Property history firm sent to Sharee Rusnak 8/16/2023

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: [Signature]
(OEC Representative)

Print Name: BRIDGET MERRILL

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: Prior to oec approval

Signature: [Signature]
(Person in Charge)

Print Name: Kath Myers

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Kidz Time Learning Center

License Number: 70570

Date of Inspection: 8/16/2023

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

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 1/4" 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

Monitoring of Diabetes 19a-79-13

- 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

[Signature]
Print Name: BRIDGET L. MERRIN

Written Corrective Action Plan Due to OEC by:

Prior to OEC approval

Signature of Person in Charge

[Signature]
Print Name: Heath Meyer

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: KidzTyme Learning Center
 Address: 560 Ella T. Grasso Blvd Building #3
 Town: New Haven, CT. 06519
 Operator: KidzTyme Learning Center LLC
 Email: kidztyme@outlook.com
 Hours of Operation: 6:30am - 6pm Monday-Friday
 Ages Served: Coworks - 12 years

License Number: 70570 Date of Inspection: 8/10/2023 Time of Arrival: 9AM
 Expiration Date: 9/30/2024 Licensed Capacity: 63 Proposed Under 3 Capacity: 24
 Telephone: 1-475-331-6135 # of children present: 0 # of staff present: 2
 Director: Shanique McLaurin
 Head Teacher: Direlia Lopez
 Summer Care: Open

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

Instruction Codes: N/A = Not applicable at this time
 √ = Compliance/No violation found O = Non-compliance/Violation found

Licensure Procedures 19a-79-2a
 1. Local Health Date: 7/12/2023

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: 3/3/2023
 10. OEC Complaint Procedure
 11. Food Service Certificate Date: _____
 12. Menus
 13. Emergency Plans
 14. No Smoking Signs
 15. Radon Test (Y/N) Date: 1/11/2023 Results: .5
 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
 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: 1/11/2023
 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: [Signature]
 Signature of Person in Charge: [Signature]
 Written Corrective Action Plan Due to OEC by: Prior to OEC approval
 Print name: BRENDA L. HECKLER Print name: Kath Meyer