

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

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

PROGRAM NAME:	Mekosha Daycare Center	LICENSE NUMBER:	Pending	DATE OF INSPECTION:	11-22-24	TIME OF ARRIVAL:	11am
ADDRESS:	2690 East Main St	EXPIRATION DATE:	Pending	TELEPHONE NUMBER:	203-893-6296		
TOWN:	Bridgeport	HOURS OF OPERATION:	M-F 7:30am - 5:30pm	SUMMER CARE:	Open		
OPERATOR:	Mekosha Daycare Center LLC	# OF STAFF PRESENT:	1	# OVER 3 PRESENT:	0	# UNDER 3 PRESENT:	0
EMAIL:	r.zammarieh@yahoo.com	AGES SERVED:	3-5 Years				
DIRECTOR:	Renu Zammarieh	TOTAL CAPACITY:	36	TOTAL UNDER 3 CAPACITY:	0		
HEAD TEACHER:	Renu Zammarieh	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. (a) License required
- 2. (c)(8) Local Health Inspection-Date: _____

ADMINISTRATION 19a-79-3a

- 3. (a) Ensuring health & safety of children
- 4. (b) Overall management of program
- 5. (b)(6) Employee orientation for new program staff
- 6. (b)(6) Annual policy training for program staff
- 7. (b)(7)(A) Child behavior management
- 8. (b)(7)(B) Doc. that parents were informed of behavior management techniques
- 9. (b)(7)(C) Child Protection
- 10. (b)(7)(E) Mandated Reporting
- 11. (c)(1-4) Notification of Change
- 12. (d)(2)-(7) Policies-complete/implemented - Discipline, Child Prot, Operating, Supervision, Closing time, Medical, Admin Oversight, Multi-Hazards, Personnel
- 13. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 14. (f) Immediate access by parents
- 15. (h) Immediate access by OEC-facility/records
- 16. (i) 2.8 yr olds enrolled in preK- authorization
- 17. (m) Motor vehicle laws - transportation
- 18. (n) Capacity
- 19. (o) Respond to OEC- No false, misleading statements or documents
- 20. (e)(1) License posted
- 21. (e)(2) OEC Complaint Procedure posted
- 22. (e)(3) Menus posted
- 23. (e)(4) No Smoking posted signs at entrances
- 24. (e)(5) OEC Inspection report posted or available
- 25. (e)(6) Developmental milestones posted

STAFFING and CONSULTANTS 19a-79-4a cont.

- 32. (d)(1) Designated head teacher - approved-60%
- 33. (d)(2) Two staff present - age 18 or older
- 34. (d)(3)(A-C) Personal qualities of staff
- 35. (d)(4)(A) Ratios 1:10 - Indoors/Outdoors
- 36. (d)(4)(B) Mixed age group - ratios
- 37. (d)(4)(D) Supervision - Indoors/Outdoors
- 38. (d)(5) Group Size - Indoors/Outdoors
- 39. (d)(5)(A) Group Size - schl age field trips/outdoors
- 40. (d)(5)(B) Mixed age group - group size
- 41. (d)(6) Nap time ratio
- 42. (c)(1) Designated director-training
- 43. (f)(1) CPR certified program staff
- 44. (f)(2) First aid certified program staff
- 45. (h)(1) Prof. dev. - health & safety training
- 46. (h)(2) Prof. dev. - 1% annual hours
- 47. (d)(4)(C)-(ii-v) **SWIMMING ACTIVITIES - Y/N**
- 48. (d)(4)(C)(i) Swimming - Ratios
- 49. (e)(6) Non-swimmers identified
- 50. (e)(6) CPR certified staff - age 20 or older
- 51. (i)(A) Lifeguard - certified - supervising
- 52. (i)(I)(i-iv) **CONSULTANTS**
- 53. (i)(B) Education consultant
- 54. (i)(H)(i) Education consultant duties/visits
- 55. (i)(H)(ii-ix) Health consultant
- 56. (i)(C) Health consultant visits
- 57-N/A (i)(D) Health consultant duties
- 58. (i)(E) Social service consultant
- 59. (i)(F) Dietitian consultant - N/A

STAFFING and CONSULTANTS 19a-79-4a

- 26. (a)(1) Staff health records
- 27. (a)(2) Professional development documentation
- 28. (a)(3) Disciplinary actions
- 29. (b) Comprehensive Background Checks
- 30. (b)(4) Evidence of compliance
- 31. (d) Adequate staffing

RECORD KEEPING 19a-79-5a

- 60. (a)(1)(A-C) Enrollment information
- 61. (a)(1)(D)(i) Emergency medical permission
- 62. (a)(1)(D)(ii) Authorized release permission
- 63. (a)(1)(D)(iii) Field trip permission
- 64. (a)(1)(D)(iv) Transportation permission
- 65. (a)(2) Child Health Records

SIGNATURE OF OEC STAFF	Cathy Anderson	WRITTEN CAP DUE TO OEC BY:	Zammarieh	SIGNATURE OF PERSON IN CHARGE	Renu Zammarieh
PRINTED NAME	Cathy Anderson	PRINTED NAME	Renu Zammarieh	PRINTED NAME	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Melusha Daycare	LICENSE NUMBER	Pending	DATE OF INSPECTION	11-12-2024
RECORD KEEPING 19a-79-5a cont. Center			PHYSICAL PLANT 19a-79-7a cont.		
<input checked="" type="checkbox"/> 66.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 110.	(d)(9)	Electrical safety - Outlets inaccessible, covered (N/A for Schl age only)
<input checked="" type="checkbox"/> 67.	(a)(2)(E)	Individual care plan- signed by parents/staff	<input checked="" type="checkbox"/> 111.	(d)(10)(A)	Shared toilets/sinks - supervision plan
<input checked="" type="checkbox"/> 68.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 112.	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/> 69.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 113.	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 70.	(a)(3)(C)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> 114.	(d)(10)(C)	Required toilets/sinks - 1:16
<input checked="" type="checkbox"/> 71.	(a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> 115.	(d)(10)(D) NA	Required toilets/sinks - 1:25 schl age only
<input checked="" type="checkbox"/> 72.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/> 116.	(d)(10)(E)	Toileting Supplies - hand drying/garbage <input checked="" type="checkbox"/>
HEALTH and SAFETY 19a-79-6a			<input checked="" type="checkbox"/> 117.	(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 73.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	<input checked="" type="checkbox"/> 118.	(d)(10)(F)	Toilets/sinks located at the facility or licensed premises
<input checked="" type="checkbox"/> 74.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 119.	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 75.	(a)(3)	Proper refrigeration - 41 degrees	<input checked="" type="checkbox"/> 120.	(d)(10)(H)	Mechanical ventilation (Grp Home not required)
<input checked="" type="checkbox"/> 76.	(a)(4)	Menus - 1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> 121.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 77.	(a)(5)	Food Service Inspection <u>N/A</u>	<input checked="" type="checkbox"/> 122.	(e)(1)	Air temp 65 °F at 3 ft - thermometer affixed to wall (N/A for Schl age only)
<input checked="" type="checkbox"/> 78.	(a)(6)	Kitchen- clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 123.	(e)(1) NA	Air temp <65 °F for Schl age only-comfortable N/A
<input checked="" type="checkbox"/> 79.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 124.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 80.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 125.	(e)(3)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> 81.	(a)(9)	Kitchen separated-activity supervision	<input checked="" type="checkbox"/> 126.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 82.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> 127.	(e)(5)	Walls/ceilings/floors-Clean/Good repair
<input checked="" type="checkbox"/> 83.	(a)(11)	Handwashing - staff/children	<input checked="" type="checkbox"/> 128.	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> 84.	(b)(1)	Illness procedures - staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 129.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 85.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 130.	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/> 86.	(c)	First aid kits-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 131.	(e)(7)	Emergency numbers posted adjacent to phones - parents provided on site #
<input checked="" type="checkbox"/> 87.	(c)-(d)	First aid supplies	<input checked="" type="checkbox"/> 132.	(e)(8)	All areas min. 1 foot candle of lighting
PHYSICAL PLANT 19a-79-7a			<input checked="" type="checkbox"/> 133.	(e)(9)	Adequate lighting - 30/50 candle feet - napping children visible (Schl age only-lighting for comfort)
<input checked="" type="checkbox"/> 88.	(a)(2)	Fire marshal codes/certificate <u>10-24-24</u>	<input checked="" type="checkbox"/> 134.	(e)(9)	Light Fixture shielded/shatter proof
<input checked="" type="checkbox"/> 89.	(b)(1)-(5)	Indoor/outdoor space inspected/approved	<input checked="" type="checkbox"/> 135.	(e)(10)	Potentially hazardous substances, materials - labeled, inaccessible to children
<input checked="" type="checkbox"/> 90.	(b)(6)	Space not approved- used for field trips - written parent permission	<input checked="" type="checkbox"/> 136.	(e)(11)	Garbage/rubbish - disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 91.	(c)(2)	New construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 137.	(e)(12)	Stairs- protected/good repair-handrails
<input checked="" type="checkbox"/> 92.	(c)(2)	Licensed premises-clean/good repair/hazard free	<input checked="" type="checkbox"/> 138.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 93.	(c)(3)	Schl age only premises-sanitary/hazard free N/A	<input checked="" type="checkbox"/> 139.	(e)(14)	Pets - good health, friendly companion <u>Y/N</u>
<input checked="" type="checkbox"/> 94.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 140.	(e)(15)	Pets - care plan and access to children written
<input checked="" type="checkbox"/> 95.	(c)(5)(A)	Water Supply - Public/Well - (N/A for Schls)	<input checked="" type="checkbox"/> 141.	(e)(16)	Prevention of vermin- openings screened
<input checked="" type="checkbox"/> 96.	(c)(5)(B)	Lead Water Test - Date: <u>7-25-24</u>	<input checked="" type="checkbox"/> 142.	(e)(17)	Radon test- Results: <u>1.9</u> N/A
<input checked="" type="checkbox"/> 97.	(c)(5)(C)	Bact./Chem Test-Date: <u>NT</u> <u>Y/N</u>	<input checked="" type="checkbox"/> 143.	(e)(18)	results posted-Date: <u>11-9-24</u> (N/A for Schls)
<input checked="" type="checkbox"/> 98.	(c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> 144.	(f)(1)(A)	Carbon monoxide detector- each level N/A
<input checked="" type="checkbox"/> 99.	(c)(6)(B-D)	Lead Paint - Peeling Paint - <u>Y/N</u> Inside/Outside	<input checked="" type="checkbox"/> 145.	(g)(1)	Program space- adequate sq. ft. per child
<input checked="" type="checkbox"/> 100.	(d)(1)	Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u>	<input checked="" type="checkbox"/> 146.	(g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 101.	(d)(2)	Results <u>NA</u>	<input checked="" type="checkbox"/> 147.	(g)(3)	Adequate equipment for rest-cleaned when shared- cots - (Grp Homes- mats/sleeping bags)
<input checked="" type="checkbox"/> 102.	(d)(3)	Lead Management Plan <u>NA</u>	<input checked="" type="checkbox"/> 148.	(g)(4)	Air cond./water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 103.	(d)(3)	Emergency vehicle access	<input checked="" type="checkbox"/> 149.	(g)(5)	Developmentally appr. equipment/materials
<input checked="" type="checkbox"/> 104.	(d)(4)	Walkways maintained	<input checked="" type="checkbox"/> 150.	(g)(6)	Manufacture guidelines followed-furniture, equipment and toys- CPSC unsafe/recalls
<input checked="" type="checkbox"/> 105.	(d)(5)	Windows protected to prevent falls	<input checked="" type="checkbox"/> 151.	(h)(1)	Indoor climbing play equipment- shock absorbing materials under and around
<input checked="" type="checkbox"/> 106.	(d)(6)(f)(7)	Window screens (N/A for Schl age only)	<input checked="" type="checkbox"/> 152.	(h)(2)	Outdoor space- adequate sq. ft. per child
<input checked="" type="checkbox"/> 107.	(d)(7)	Glass and mirrors protected to 36"	<input checked="" type="checkbox"/> 153.	(h)(3)	Shock absorbing surface- 8"
<input checked="" type="checkbox"/> 108.	(d)(8)	Overhead doors - locking devices/Spring protectors <u>N/A</u>	<input checked="" type="checkbox"/> 154.	(h)(4)	Playground free from hazards, glass, debris
<input checked="" type="checkbox"/> 109.	(d)(8)	Exits, stairs, hallways unobstructed			Nuts, bolts, screws- tight, covered/protected
<input checked="" type="checkbox"/> 110.	(d)(8)	Individual storage of clothing/bedding			
<input checked="" type="checkbox"/> 111.	(d)(8)	Smoking or vaping prohibited on premises/grounds			
<input checked="" type="checkbox"/> 112.	(d)(8)	Matches/lighters inaccessible			
SIGNATURE OF OEC STAFF	<u>Cathy Anderson</u>	WRITTEN CAP DUE TO OEC BY:	<u>René Zammitich</u>	SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	<u>Cathy Anderson</u>		<u>René Zammitich</u>	PRINTED NAME	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Meloshka Daycare	LICENSE NUMBER	Pending	DATE OF INSPECTION	11-12-2024
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PHYSICAL PLANT 19a-79-7a cont. Center

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

- 155. (h)(5) Outside equipment anchored - anchors buried
- 156. (h)(6) New equip- cert playg. Inspection upon OEC request
- 157. (h)(7) Playground protected from traffic, water, gullies or other hazards
- 158. (h)(7)(A) Fences installed to protect from hazards - 4 ft
- 159. (h)(7)(B) Fences installed to protect from water - 4 ft. - self closing and self latching devices or locks
- 160. (h)(7)(C) Rooftop play areas- 6 ft. wall/barrier N/A
- 161. (h)(8) Drinking water available/accessible
- 162. (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 163. (i) Pools, swimming areas- N/A conforms to 19-13-B33b and 19a-36-B61
- 164. (i) Wading pools prohibited
- 165. (i) Hot tubs/spas/saunas- locked/inaccessible N/A
- 166. (j) No weapons/no facsimile of a firearm

- 191. (b) Approved Under 3 Endorsement
- 192. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 193. (c)(3) Group size- max 8 (6wks-24mths), max 10 (24-36mths)
- 194. (c)(4) Physical barriers- indoors/outdoors
- 195. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 196. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manuf. after 6/28/11)
- 197. (d)(2)(B) Washable cots
- 198. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 199. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 200. (d)(2)(E) Refrigerator and food prep facilities
- 201. (d)(3)(A-C) Optional furniture/equip- safe/hazard free
- 202. (e)(1) Diaper area: elevated/sturdy/safety rail
- 203. (e)(2) Diaper area: used only for this purpose, located in the program area

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 167. (a) Written daily/weekly - dev. appr. plan
- 168. (a) Plan includes indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
- 169. (b) Limited access to screen time/video games

- 204. (e)(3) Diaper area: non-porous surface/good repair
- 205. (e)(4) Diaper area: washed/disinfected after use
- 206. (e)(5) Diaper area: disposable paper sheets
- 207. (e)(6)(9) Covered waste receptacle-removed daily
- 208. (e)(7) Handwashing-staff/children
- 209. (e)(8) Policies-handwashing/diapering-posted/followed
- 210. (e)(10)(A-C) Cloth diapers - written plan
- 211. (f)(1) Linens/emergency clothing available
- 212. (f)(2) Linens washed weekly or as needed
- 213. (f)(3) Linens/clothing stored individually
- 214. (f)(4) Cribs/cots cleaned-linens changed when shared
- 215. (g)(1) Under 12 mths placed on back for sleeping
- 216. (g)(1) Crib-snug fitting mattress/tightly fitted sheet
- 217. (g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file

ADMINISTRATION OF MEDICATIONS 19a-79-9a

- 170. (9a) Written medication policies/procedures
- 171. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 172. (a)(2) Nonprescription Topical Medications Admin/Parent permission/report errors
- 173. (a)(3)(A-C) Labeling and Storage
- 174. (a)(3)(C) Unused/expired meds destroyed/returned
- 175. (b)(1)(A/C) Oral/Topical/Inhalant/Injectable Medications Oral/Topical/Inhalant medication training
- 176. (b)(1)(D) Injectable premeasured autoinjector medication training
- 177. (b)(1)(E) Rectal medication training
- 178. (b)(1)(F) Injectable other than premeasured auto-injector training
- 179. (b)(2)(A-B) Training approval documents/certificates
- 180. (b)(2)(C) Training outline on file
- 181. (b)(3)(A-B) Authorized prescriber/parent permission
- 182. (b)(3)(D) Medication errors-documented/parent and OEC notification
- 183. (b)(4)(A-B) Medication Administration Records (MAR)
- 184. (b)(5)(A-B) Labeling and Storage
- 185. (b)(5)(C) Emergency medication inaccessible
- 186. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 187. (b)(5)(E) Auto-injector/inhalant equipment
- 188. (b)(6) Self-administration documentation
- 189. (b)(7)(A-B) Petition for special medication authorization
- 190. (d) Potassium Iodide (KI) emergency distribution - permission and storage N/A

- 218. (g)(2) Infants allowed to adopt other sleep positions
- 219. (g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
- 220. (g)(4) No unapproved sleeping-car seats/swings/beds, etc.
- 221. (g)(5) No swaddling w/o written documentation from MD/PA/APRN-instructions/timeframes
- 222. (g)(6) Observe/assess infants at least every 15 minutes
- 223. (g)(7) Teething necklaces/bracelets, jewelry inaccessible
- 224. (g)(8) Safe sleep policies posted/parents informed
- 225. (h)(1) Infant toys-separate/washed/sanitized daily
- 226. (h)(1) Toddler toys-washed/sanitized weekly
- 227. (h)(2) No toys/objects less than 1 1/2" diameter
- 228. (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
- 229. (i)(1)(2A-C) Health consultant visits/documentation
- 230. (j) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
- 231. (k)(1) Written feeding schedule from parent-updated
- 232. (k)(2) Unused formula/milk discarded after feedings
- 233. (k)(3) Clean bottles/disposable bottles/appvd washing
- 234. (k)(4) Baby food served from dish or whole jar
- 235. (k)(5) Bottles labeled with child's name
- 236. (l)(1) Outdoor spaced fenced - 4 ft lic. after 1/1/25
- 237. (l)(2) Outdoor equip. dev. appropriate
- 238. (l)(3) Measures for shock ab materials less than 1 1/2"

SIGNATURE OF OEC STAFF	Cathy Anderson	WRITTEN CAP DUE TO OEC BY:	Renu Zannari	SIGNATURE OF PERSON IN CHARGE	Renu Zannari
PRINTED NAME	Cathy Anderson		Renu Zannari	PRINTED NAME	Renu Zannari

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME		<i>Mekasha Daycare</i>	LICENSE NUMBER	<i>Pending</i>	DATE OF INSPECTION	<i>11-12-2024</i>
SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N				MONITORING OF DIABETES 19a-79-13		
<i>center</i>						
<input type="checkbox"/> 239.	(b)	Approved Schl Age Endorsement	<input checked="" type="checkbox"/> 263.	(a)(1)	Written policies and procedures	
<input type="checkbox"/> 240.	(c)	Written program plan-flexible schedule-available to staff/parents	<input checked="" type="checkbox"/> 264.	(b)(1)(A)	Staff training – first aid	
<input type="checkbox"/> 241.	(c)(1)	Activities not a duplication of child’s day	<input checked="" type="checkbox"/> 265.	(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions	
<input type="checkbox"/> 242.	(c)(2)	Activities include cognitive, physical, social, emotional needs of the children		(i)-(iii)	Training updated at least every 3 years	
<input type="checkbox"/> 243.	(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	<input checked="" type="checkbox"/> 266.	(b)(2)	Written documentation of training	
<input type="checkbox"/> 244.	(d)	Ratio- 1:15	<input checked="" type="checkbox"/> 267.	(b)(3)	Trained staff on site when child is present	
<input type="checkbox"/> 245.	(e)	Group size- max. 30	<input checked="" type="checkbox"/> 268.	(c)(2)	Self-administration - written authorization and under supervision of trained staff	
<input type="checkbox"/> 246.	(f)	4 yr. olds enrolled in schl age- permissions	<input checked="" type="checkbox"/> 269.	(c)(3)	Equipment provided by parents	
<input type="checkbox"/> 247.	(g)	Head teacher approved- 60%	<input checked="" type="checkbox"/> 270.	(d)(1)	Equipment labeled and inaccessible	
			<input checked="" type="checkbox"/> 271.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded	
			<input checked="" type="checkbox"/> 272.	(d)(3)	Authorized prescriber written order	
			<input checked="" type="checkbox"/> 273.	(e)(1)	Written authorization of parent	
			<input checked="" type="checkbox"/> 274.	(e)(2)	Testing results and actions taken – documented and keep on file/ensure parents are notified daily	
			<input checked="" type="checkbox"/> 275.	(e)(3)		
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N				ADDITIONAL VIOLATIONS		
<input type="checkbox"/> 248.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 276.	-	Consent Order/Negotiated Corrective Action Plan conditions	
<input type="checkbox"/> 249.	(b)(1)	Person in charge-head teacher	DISCUSSIONS/COMMENTS/OTHER			
<input type="checkbox"/> 250.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities				
<input type="checkbox"/> 251.	(b)(3)	Written plan for supervision including cot placement and evacuation				
<input type="checkbox"/> 252.	(b)(4)	Children in care no more than 12 hrs. in 24				
<input type="checkbox"/> 253.	(b)(5)	Staff awake and available				
<input type="checkbox"/> 254.	(b)(6)	Individual cot/crib with bedding				
<input type="checkbox"/> 255.	(b)(6)(A)	Sleeping apparel/toiletries labeled				
<input type="checkbox"/> 256.	(b)(6)(B)	Required bedding				
<input type="checkbox"/> 257.	(b)(6)(C)	Required toiletries				
<input type="checkbox"/> 258.	(b)(6)(D)	Bedding/sleeping apparel laundered weekly				
<input type="checkbox"/> 259.	(b)(7)	Sleep arrangements for infants				
<input type="checkbox"/> 260.	(b)(8)	Air temp 65 °F at 3 ft				
<input type="checkbox"/> 261.	(b)(9)	Fire marshal approval-hours specified				
<input type="checkbox"/> 262.	(b)(10)	Local health approval				
SIGNATURE OF OEC STAFF	<i>Cathy Anderson</i>		WRITTEN CAP DUE TO OEC BY:	<i>Ram Zamari</i>		SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Cathy Anderson		<i>prior to approval</i>	Rene Zamari		PRINTED NAME

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Blvd, Suite 302

Hartford, CT 06103

(800)282-6063 or (860)500-4450

www.ctoec.org/licensing

oc.licensing@ct.gov

Corrective Action Plan (CAP): <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

Inspection shall be posted or available for review upon request.

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mekasha Day Care License # pending Date: 11-12-24

Observations/Corrections needed: Center

All items on the inspection report was discussed with the Director/owner at this inspection.

Corrections needed for approval: Regulation not met when:

- #2 - program does not have local Health approval (send copy)
- #9a - Child furniture not secured in rooms and ceiling vents are dusty
- #153 - side fence has gap on bottom and side of 5"-7"
- #154 - Screw ends on gates are not protected

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 Adams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: prior to approval

SQUARE FOOTAGE REPORT

Mekosha Day Care Center
(Name of Program)

Pending
(License Number)

11-12-2024
(Date of Measurements)

INDOOR SPACE

Room: 1 : (26 x 24.58) + (x) + (x) + (x) = 639.08
(Name/Number) Totals 639.08 Minus

Under 3 YES/NO (NO) Deduction: (7.08 x 2.83) + (1 x 2.33) + (x) + (x) = 22.37
Totals 20.04 2.33
Description closet Wall

Total 616.71 ÷ (35)/30 = 17 OK for (17) max children

Room: 2 : (24.25 x 9.58) + (x) + (x) + (x) = 232.32
(Name/Number) Totals 232.32 Minus

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

Total 232.32 ÷ (35)/30 = 6 OK for (6) max children

Room: 3 : (125 x 13.58) + (9.58 x 15.25) + (x) + (x) = 317.25
(Name/Number) Totals 166.36 150.89 Minus

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

Total 317.25 ÷ (35)/30 = 9 OK for (9) max children

Room: * Therapy room : (11.67 x 6.25) + (x) + (x) + (x) = 78.77
(Name/Number) Totals 78.77 Minus

Under 3 YES/NO (NO) Deduction: (x) + (x) + (x) + (x) = NA
Totals
Description not in capacity

Total 78.77 ÷ (35)/30 = 2 OK for 2 max children

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

me kosha Day Care Center
(Name of Program)

Pending
(License Number)

11-12-2024
(Date of Measurements)

INDOOR SPACE

Room: 4 : (1183 x 1383) + (x) + (x) + (x) = 163.61
(Name/Number) Totals _____ Minus CA

Under 3
YES/NO Deduction: (x) + (x) + (x) + (x) = 163.61
Totals _____
Description _____

Total 163.61 ÷ 35/30 = 4 OK for 9 max 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.

SQUARE FOOTAGE REPORT

Mekasha Daycare Center
(Name of Program)

(Not counted in capacity)
Pending
(License Number)

11-12-2024
(Date of Measurements)

ACTIVITY ROOM (Not counted in capacity)

Room: Changing room: (1292 x 10.25) + (x) + (x) + (x) = 138.89
(Name/Number) Totals 138.89 Minus

Under 3 YES/NO/BOTH YES Deduction: (11.67 x 4.33) + (x) + (x) + (x) = 50.53
Totals 50.53 Minus
Description wall

Total 88.36 ÷ 35/30 = 2 OK for 2 max children

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

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

Total ÷ 35/30 = OK for children

OUTDOOR SPACE (Not counted in capacity)

Playground 1: (5208 x 3050) + (x) + (x) = 1,588.44 ÷ 75 = 21
Totals: 1,588.44 OK for 21 max children

Under 3 YES/NO/BOTH YES

Playground 2: (x) + (x) + (x) = ÷ 75 =
Totals: OK for children

Under 3 YES/NO/BOTH YES

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

Under 3 YES/NO/BOTH YES

Express the figure as whole number by rounding decimals down.

*Total of toilets for children: 3
*Total of sinks for children: 4

Exclusive use for staff
↓ is shared

TOTAL CAPACITY 36 INCLUDING 0 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)