



**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2**

**PROGRAM NAME** K. Colafel Daycare #3 **LICENSE NUMBER** Pending **DATE OF INSPECTION** 11-19-24

**RECORD KEEPING 19a-79-5**

36. (a)(1)(A-C) Children's Enrollment information  
 37. (a)(1)(D)(i) PARENT PERMISSIONS  
 (a)(1)(D)(ii) Emergency medical permission  
 (a)(1)(D)(iii) Authorized release permission  
 (a)(1)(D)(iv) Field trip permission  
 38. (a)(2)(A-B) Transportation permission  
 39. (a)(2)(C) Child Health Records  
 40. (a)(2)(E) Immunization records  
 41. (a)(3)(A) Individual care plan-signed by parents/staff  
 42. (a)(3)(B) Injury, Illness, Incident, Accident reports  
 43. (a)(3)(C)(i-ii) Parent notification of illness or injury  
 44. (a)(3)(D) Notify OEC of serious injuries, fatality  
 45. (a)(4) Notify DPH, local health-reportable diseases  
 Video recordings- keep 30 days

**HEALTH and SAFETY 19a-79-6a**

46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A  
 47. (a)(2) Nutritious meals and snacks  
 48. (a)(3) Proper refrigeration-41 degrees  
 49. (a)(4) Menus-1 wk in advance- keep 3 mths  
 50. (a)(5) Food Service Inspection NA (N/A)  
 51. (a)(6) Kitchen-clean, safe storage of food/supplies  
 52. (a)(7) Separate hand washing facilities  
 53. (a)(8) Multi-use eating/drinking utensils  
 54. (a)(9) Kitchen separated (Schl age only N/A)  
 55. (a)(10) Children supervised during meal prep  
 56. (a)(11) Handwashing-staff/children  
 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms  
 58. (b)(2) Designated isolation area  
 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips  
 60. (c) FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier  
 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

**PHYSICAL PLANT 19a-79-7a**

62. (a)(2) Fire marshal codes/certificate 826204  
 63. (b) Indoor/Outdoor space inspected/approved  
 64. (b)(1)-(5) Construction/expansion/renovation/conversion  
 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission  
 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established  
 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)  
 68. (c)(4) Testing of premises/grounds for chemicals  
 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A)  
 (c)(5)(B) Lead Water Test - Date: 11-8-2024  
 (c)(5)(C) Bact/Chem Test - Date: NA  
 70. (c)(6)(A) Drinking water available/accessible  
 (c)(6)(A) LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results NO LEAD  
 (c)(6)(B-D) Lead Management Plan  
 71. (d)(1) Emergency vehicle access

**PHYSICAL PLANT 19a-79-7a cont.**

72. (d)(2) Walkways maintained  
 73. (d)(3) Windows protected to prevent falls  
 74. (d)(3) Window screens (Schl age only- N/A)  
 75. (d)(4) Glass and mirrors protected to 36"  
 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)  
 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed  
 78. (d)(7) Individual storage of clothing/bedding  
 79. (d)(8) Smoking or vaping prohibited on premises/grounds  
 80. (d)(8) Matches/lighters inaccessible  
 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)  
 82. TOILETING  
 (d)(10)(A) Shared toilets/sinks-supervision plan  
 (d)(10)(B) Toileting needs met  
 (d)(10)(C) Potty chairs-nonporous, emptied, disinfected  
 (d)(10)(C) Required toilets/sinks-1:16  
 (d)(10)(D) Required toilets/sinks-1:25 schl age only  
 (d)(10)(E) Toileting Supplies-Hand drying-Garbage  
 (d)(10)(E) Handwashing staff/children  
 (d)(10)(F) Toilets/sinks located-at the facility or licensed premises  
 (d)(10)(G) Well lighted/ventilated toilet rooms  
 (d)(10)(H) Mechanical ventilation (Grp Homes N/A)  
 (d)(11) Staff personal articles inaccessible  
 (e)(1) AIR TEMPERATURE  
 (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)  
 (e)(2) Air temp <65°F comfortable (Schl age only-N/A)  
 (e)(2) Air temp > 80 °F - ↑ fluids/ventilation  
 (e)(3) Water temperature 60 °F - 120 °F  
 (e)(4) Portable space heaters prohibited  
 (e)(5) Walls/ceilings/floors/rugs-clean/good repair  
 (e)(5) Rugs- not tripping/slipping hazard  
 (e)(6) Hot water/Steam pipes protected  
 (e)(7) Working phone on each level  
 (e)(7) Emergency numbers posted-adjacent to phones  
 (e)(7) Parents provided direct on site phone number  
 (e)(8) LIGHTING  
 (e)(9) All areas min. 1 foot candle of lighting  
 (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible  
 (e)(9) Schl age only-lighting for comfort  
 (e)(10) Light fixtures shielded/shatter proof  
 (e)(10) Potentially hazardous substances, materials - labeled, inaccessible  
 (e)(11) Garbage/rubbish-disposed of daily, containers in good repair  
 (e)(12) Stairs-protected/good repair-handrails  
 (e)(13) Toxic plants/materials inaccessible  
 (e)(14-15) Pets or other animals-in good health, written care plan including access to children  
 (e)(16) Prevention of vermin-openings screened  
 (e)(17) Radon test- Results: 1.0 N/A  
 (e)(17) Results posted-Date: 11-20-24 (Schls-N/A)  
 (e)(18) Carbon monoxide detector-each level N/A  
 (f)(1)(A) Program space-adequate-35 sq. ft. per child  
 (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust  
 (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)  
 (g)(3) Air conditioners, water heaters, fuse boxes inaccessible  
 (g)(4) Developmentally app equipment, materials

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3**

**PROGRAM NAME** K Colateral Daycare #3 **LICENSE NUMBER** Pending **DATE OF INSPECTION** 11-19-2009

**PHYSICAL PLANT 19a-79-7a cont.**

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. (j) **OUTDOOR SPACE**  
  - (h)(1) Adequate space- 75 sq. ft. per child
  - (h)(2) Shock absorbing surfaces-minimum 8"
  - (h)(3) Playground free from hazards
  - (h)(4) Nuts, bolts, screws-tight, covered/protected
  - (h)(5) Outside equipment anchored-anchors buried
  - (h)(6) New equip- cert play. Inspection upon request
  - (h)(8) Drinking water available/accessible
  - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. (h)(7) **OUTDOOR PROTECTED/FENCING**  
Playground protected from traffic, water, gullies or other hazards
- 113. (h)(7)(A) Fences installed to protect from hazards-4 ft
- (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- 114. (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A  
**WATER HAZARDS**  
  - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A
  - (i) Wading pools prohibited
  - (i) Hot tubs/spas/saunas-locked/inaccessible N/A

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) **EDUCATIONAL REQUIREMENTS**  
  - (1)-(11) 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
  - (b) Limited access to screen time/video games

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

- 129. (f)(1) Linens/emergency clothing available
- (f)(2) Linens washed weekly or as needed
- (f)(3) Linens/clothing stored individually
- (f)(4) Cribs/cots cleaned-linens changed when shared
- 130. (g)(1) **SAFE SLEEP**  
  - (g)(1) Under 12 mths placed on back for sleeping
  - (g)(1) Crib-snug fitting mattress/tightly fitted sheet
  - (g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file
  - (g)(2) Infants allowed to adopt other sleep positions
  - (g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
  - (g)(4) No unapproved sleeping-car seats/swings/beds, etc.
  - (g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
  - (g)(6) Observe/assess infants at least every 15 minutes
  - (g)(7) Teething necklaces/bracelets, jewelry inaccessible
  - (g)(8) Safe sleep policies posted/parents informed
- 131. (h)(1) Infant toys-separate/washed/sanitized daily
- 132. (h)(1) Toddler toys-washed/sanitized weekly
- 133. (h)(2) No toys/objects less than 1 1/4" diameter
- 134. (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
- 135. (i)(1)(2A-C) Health consultant visits/documentation
- 136. (j) **FEEDING**  
  - (k)(1) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
  - (k)(2) Written feeding schedule from parent-updated
  - (k)(3) Unused formula/milk discarded after feedings
  - (k)(4) Clean bottles/disposable bottles/appvd washing
  - (k)(5) Baby food served from dish or whole jar
  - (l)(1) Bottles labeled with child's name
  - (l)(2) Outdoor spaced fenced-4 ft lic. after 1/1/25
  - (l)(3) Outdoor equipment-developmentally appropriate for ages of the children
- 137. Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
- 138.
- 139.

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

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)
- 120. (c)(4) Physical barriers- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) OPTIONAL furniture/equip-safe/hazard free
- 128. (e)(1) **DIAPERING**  
  - (e)(2) Diaper area: elevated/sturdy/safety rail
  - (e)(3) Diaper area: used only for this purpose, located in the program area
  - (e)(4) Diaper area: non-porous surface/good repair
  - (e)(5) Diaper area: washed/disinfected after use
  - (e)(6)(9) Diaper area: disposable paper sheets
  - (e)(7) Covered waste receptacle-removed daily
  - (e)(8) Handwashing-staff/children
  - (e)(10)(A-C) Diapering-Handwashing policies-posted/followed
- Cloth diapers-written plan developed

**SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N**

- 140. (b) Approved Schl Age Endorsement
- 141. (c) **SCHEDULE - ACTIVITIES**  
  - (c)(1) Written daily program plan-flexible schedule-available to staff/parents
  - (c)(2) Activities not a duplication of child's day
  - (c)(3) Activities include cognitive, physical, social, emotional needs of the children
  - (d) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
  - (e) Ratio- 1:15
  - (f) Group size- max. 30
  - (g) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 142. Head teacher approved- 60%
- 143.
- 144.
- 145.
- 146.

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4**

**PROGRAM NAME** Kcolorful Daycare #3 **LICENSE NUMBER** Pending **DATE OF INSPECTION** 11-19-24

**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N** **MONITORING OF DIABETES 19a-79-13 Y/N**

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	<b>STAFF TRAINING</b>
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	Written documentation of training
<input type="checkbox"/> 153. <b>SLEEP PROVISIONS</b>		<input checked="" type="checkbox"/> (c)(3)	Trained staff on site when child is present
<input checked="" type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (d)(1)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(2)	Equipment provided by parents
<input checked="" type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(3)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176. (e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(2)	Authorized prescriber written order
<input checked="" type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(3)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input type="checkbox"/> 156. (b)(10)	Local health approval		

**ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N** **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		N/A

<input checked="" type="checkbox"/> 159. (a)(2)	<b>NONPRESC. TOPICAL MEDICATION</b>	<b>DISCUSSIONS - COMMENTS</b>	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors		
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage		
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> (b)(1)(D)	<b>MEDICATION TRAINING</b>		
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Training outline on file		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation		
	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution-permission and storage <u>N/A</u>		

<b>SIGNATURE OF OEC STAFF</b>	<i>Cathy Anderson</i>	<i>Katherine Lantigua Duncan</i>	<b>SIGNATURE OF PERSON IN CHARGE</b>
<b>PRINTED NAME</b>	Cathy Anderson	Katherine Lantigua Duncan	<b>PRINTED NAME</b>

OEC DIVISION OF LICENSING Inspection shall be posted or available for review upon request.

450 Columbus Blvd, Suite 302, Hartford, CT 06103  
 Help Desk: (800)282-6063 or (860)500-4450  
 Website: [www.ctoec.org/licensing](http://www.ctoec.org/licensing) Email: [oec.licensing@ct.gov](mailto:oec.licensing@ct.gov)  
 Written Corrective Action Plan Due by: CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: K Colorful Daycare License # Pending Date: 11-19-2023

Observations/Corrections needed: #3

All items on the inspection form was discussed at this inspection.

Regulation not met when:

- # 82 - Shared bathroom does not have a supervision plan (please send)
- # 111 - gate on playground has a gap of 5" on bottom and exit porch to 8<sup>th</sup> playground is missing lattice which leaves a large gap of 12" x 24"
- # 128 - Changing mat has tears and cushion exposed
- # 122 - Crib mattress has tears and cushion exposed
- # 95 - Shared bathroom has cleaners accessible to children

Discussed in detail:

Group size, ratio, supervision and capacity room 1 is for twos and preschool<sup>3's</sup> discussed if two 5:1 and 2 staff if there are 10 children or if children are mixed with twos and over 3's.

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: Katherine Duncan

OEC BY: prior to approval

Print Name: Katherine Antigone Duncan  
(Person in Charge)

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

K Colorful Daycare #3  
(Name of Program)

Pending  
(License Number)

\*30 sq/ft licensed prior 1986 (continuous basis)  
11-19-2024  
(Date of Measurements)

INDOOR SPACE

Room: 1 : (1833 x 9.58) + (9.75 x 7) + (1033 x 12.17) + (      x      ) = 36957  
(Name/Number) Totals 175.60 68.25 125.72 Minus

~~Under 2~~ TWOS  
 YES/NO Deduction: (      x      ) + (      x      ) + (      x      ) + (      x      ) =       
both Preschool SA Totals                     Description                    

Total 369.57 ÷ 35/30 = 10 OK for 10 TWOS OR preschool children SA

Room: 2 : (467 x 4.75) + (1158 x 18.58) + (5.67 x 7.58) + (      x      ) = 280.31  
(Name/Number) Totals 22.18 215.16 41.97 Minus

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

Total 280.31 ÷ 35/30 = 8 OK for 8 U3'S children

Room: 3 : (2542 x 9.75) + (      x      ) + (      x      ) + (      x      ) = 247.85  
(Name/Number) Totals 247.85 Minus

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

Total 247.85 ÷ 35/30 = 7 OK for 7 U3'S 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

K Colorful Daycare #3  
(Name of Program)

(Not counted in capacity)  
Pending  
(License Number)

11-19-2024  
(Date of Measurements)

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

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

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

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

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Room: \_\_\_\_\_ : ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_  
(Name/Number) 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: (2150 x 23) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = 5635 ÷ 75 = 7  
Under 3 Totals: 5635 OK for 7 children  
YES/NO/BOTH BOTH

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Playground 2: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_ ÷ 75 = \_\_\_\_\_  
Under 3 Totals: \_\_\_\_\_ OK for \_\_\_\_\_ children  
YES/NO/BOTH

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Playground 3: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_ ÷ 75 = \_\_\_\_\_  
Under 3 Totals: \_\_\_\_\_ OK for \_\_\_\_\_ children  
YES/NO/BOTH

Express the figure as whole number by rounding decimals down.

\*Total of toilets for children: 3 Exclusive use for staff 3  
\*Total of sinks for children: 4 Shared 3

 TOTAL CAPACITY 25 INCLUDING 25 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)