

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

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

Program Name:	The Learning Experience Cheshire	Date of Inspection:	12.5.24	Time of Arrival:	11:00 am
Address:	425 Highland Ave	License Number:	pending	Expiration Date:	n/a
Town:	Cheshire 06489	Telephone Number:	203-806-1195	Summer Care:	open
Operator:	Mittas at Cheshire LLC DBA TLE	# of Staff Present:	8+	# over 3 Present:	8
Email:	cheshire@tlechildcare.com	Total Capacity:	144	Total Under 3 capacity:	89
Designated Director:	Joane Oquendo	Hours/Days of Operation:	M-F 6:30 am to 6:30pm		

Instruction Codes: N/A = Not applicable at this time √ = Regulation in Compliance O = Regulation not in Compliance

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

LICENSURE PROCEDURES 19a-79-2a

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

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 11/18/24	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records																				
ADMINISTRATION 19a-79-3a			<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions																				
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks																				
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance																				
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing																				
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher-approved-60%																				
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older																				
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff																				
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 27.		RATIOS																				
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 28.	(d)(4)(A)	Ratio 1:10 – Indoors/Outdoors																				
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 29.	(d)(4)(B)	Mixed age group-ratios																				
<input checked="" type="checkbox"/> 11.		POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 30.	(d)(6)	Nap time ratio																				
<input checked="" type="checkbox"/> 12.	(d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 31.	(d)(4)(D)	Supervision-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 13.	(d)(2)(B-C)	Child Protection policy	<input checked="" type="checkbox"/> 32.		GROUP SIZE																				
<input checked="" type="checkbox"/> 14.	(d)(3)	Closing time policy	<input checked="" type="checkbox"/> 33.	(d)(5)	Group Size-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 15.	(d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> 34.	(d)(5)(A)	Group Size-school age field trips/outdoors																				
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 35.	(d)(5)(B)	Mixed age group-group size																				
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy	<input checked="" type="checkbox"/> 36.	(e)(1)	Designated director-training																				
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies	<input checked="" type="checkbox"/> 37.	(f)(1)	CPR certified program staff																				
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> 38.	(f)(2)	First aid certified program staff																				
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies	<input checked="" type="checkbox"/> 39.		PROFESSIONAL DEVELOPMENT																				
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 40.	(a)(2)	Documentation																				
<input checked="" type="checkbox"/> 22.		ACCESS	<input checked="" type="checkbox"/> 41.	(h)(1)(2)	Health & Safety training																				
<input checked="" type="checkbox"/> 23.	(f)	Immediate access by parents	<input checked="" type="checkbox"/> 42.	(h)(1)(2)	1% annual hours																				
<input checked="" type="checkbox"/> 24.	(h)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 43.	(4)(C)(ii-v)	SWIMMING ACTIVITIES - Y/N																				
<input checked="" type="checkbox"/> 25.	(l)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 44.	(4)(C)(i)	Swimming-Ratios																				
<input checked="" type="checkbox"/> 26.	(m)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 45.	(e)(6)	Non-swimmers identified																				
<input checked="" type="checkbox"/> 27.	(n)	Capacity	<input checked="" type="checkbox"/> 46.	(e)(6)	CPR certified staff-age 20 or older																				
<input checked="" type="checkbox"/> 28.	(o)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 47.	(e)(6)	Lifeguard-certified-supervising																				
<input checked="" type="checkbox"/> 29.		POSTINGS	<input checked="" type="checkbox"/> 48.	(i)(1)(A)-(D)	CONSULTANTS																				
<input checked="" type="checkbox"/> 30.	(e)(1)	License posted	<input checked="" type="checkbox"/> 49.	(i)	Consultants-Education, Health, Social Service, Dietitian (N/A)																				
<input checked="" type="checkbox"/> 31.	(e)(2)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 50.	(i)(2)(A-H)	Consultant agreements-signed annually																				
<input checked="" type="checkbox"/> 32.	(e)(3)	Menus posted	<input checked="" type="checkbox"/> 51.	(F)	Agreements complete w/required services																				
<input checked="" type="checkbox"/> 33.	(e)(4)	No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 52.	(i)(2)	Consultant logs-documented activities, observations and required services																				
<input checked="" type="checkbox"/> 34.	(e)(5)	OEC Inspection report posted or available	<input checked="" type="checkbox"/> 53.	(H)(i)-(I)(i)	Consultant visits- Education/Health																				
<input checked="" type="checkbox"/> 35.	(e)(6)	Developmental Milestones posted			<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Health</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Soc. Serv.</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Dietitian</td> <td>n/a</td> <td>n/a</td> <td></td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	✓	✓	✓	Health	✓	✓	✓	Soc. Serv.	✓	✓	✓	Dietitian	n/a	n/a	
	Contracts	Logs	Visits																						
Education	✓	✓	✓																						
Health	✓	✓	✓																						
Soc. Serv.	✓	✓	✓																						
Dietitian	n/a	n/a																							

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

PROGRAM NAME	The Learning Experience Cheshire	LICENSE NUMBER	pending	DATE OF INSPECTION	12.5.24
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RECORD KEEPING 19a-79-5 PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors N/A
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission			
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports			Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 80.	(d)(8)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> 81.	(d)(9)	
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases			
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/> 82.		TOILETING

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	<input checked="" type="checkbox"/> 83.	(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 84.	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 85.	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection _____ N/A		(d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 86.	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 87.	(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 88.	(d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 89.	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> 90.	(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 91.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 92.	(e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 93.	(e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 94.	(e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (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		(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags		(e)(4)	Water temperature 60 °F – 120 °F

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>8123124</u>	<input checked="" type="checkbox"/> 95.	(e)(1)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved		(e)(2)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 96.	(e)(3)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 97.	(e)(4)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 98.	(e)(5)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> 99.	(e)(6)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 100.	(e)(7)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 69.		WATER SUPPLY – Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 101.	(e)(8)	Toxic plants/materials inaccessible
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test – Date: <u>11/14/24</u>	<input checked="" type="checkbox"/> 102.	(e)(9)	Pets or other animals-in good health, written care plan including access to children
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <u>n/a</u> N/A	<input checked="" type="checkbox"/> 103.	(e)(10)	Prevention of vermin-openings screened
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible	<input checked="" type="checkbox"/> 104.	(e)(11)	Radon test- Results: <u>.9</u> N/A
<input checked="" type="checkbox"/> 70.		LEAD PAINT -	<input checked="" type="checkbox"/> 105.	(e)(12)	Results posted-Date: <u>11/11/24</u> (Schls-N/A)
	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint – Y(N) Inside/Outside	<input checked="" type="checkbox"/> 106.	(e)(13)	Carbon monoxide detector-each level N/A
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: Y(N) Lead Test: Y(N)	<input checked="" type="checkbox"/> 107.	(e)(14-15)	Program space-adequate-35 sq. ft. per child
		Results _____			Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		Lead Management Plan <u>n/a</u>			Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access			Air conditioners, water heaters, fuse boxes inaccessible

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

PROGRAM NAME		<i>The Learning Experience Cheshire</i>	LICENSE NUMBER	<i>pending</i>	DATE OF INSPECTION	<i>12.5.24</i>
PHYSICAL PLANT 19a-79-7a cont.			UNDER THREE ENDORSEMENT 19a-79-10 cont.			
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	LINENS/CLOTHING	
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available	
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed	
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually	
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared	
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (g)(1)	SAFE SLEEP	
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping	
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet	
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input checked="" type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file	
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input checked="" type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions	
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles	
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input checked="" type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.	
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCING		<input checked="" type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes	
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes	
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> 131.	(h)(1)	Teething necklaces/bracelets, jewelry inaccessible	
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input checked="" type="checkbox"/> 132.	(h)(1)	Safe sleep policies posted/parents informed	
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A	<input checked="" type="checkbox"/> 133.	(h)(2)	Infant toys-separate/washed/sanitized daily	
<input checked="" type="checkbox"/> 114.		WATER HAZARDS	<input checked="" type="checkbox"/> 134.	(h)(2)	Toddler toys-washed/sanitized weekly	
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A	<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	No toys/objects less than 1 ¼ " diameter	
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input checked="" type="checkbox"/> 136.	<input checked="" type="checkbox"/> (j)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision	
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible N/A			Health consultant visits/documentation	
EDUCATIONAL REQUIREMENTS 19a-79-8a			FEEDING			
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate		<input checked="" type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle	
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS		<input checked="" type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated	
	<input checked="" type="checkbox"/> (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	<input checked="" type="checkbox"/> 137.	<input checked="" type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings	
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games	<input checked="" type="checkbox"/> 138.	<input checked="" type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appvd washing	
			<input checked="" type="checkbox"/> 139.	<input checked="" type="checkbox"/> (k)(5)	Baby food served from dish or whole jar	
UNDER THREE ENDORSEMENT 19a-79-10 Y/N			SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N			
<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement	
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES	
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents	
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors		<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day	
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep		<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children	
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/> 143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> 144.	(e)	Ratio- 1:15	
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 145.	(f)	Group size- max. 30	
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities			Head teacher approved- 60%	
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free				
<input checked="" type="checkbox"/> 128.		DIAPERING				
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail				
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area				
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair				
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use				
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets				
	<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily				
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children				
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed				
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed				

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TLE Cheshire License # pending Date: 12.5.24

Observations/Corrections needed:

Classroom MeasurementsRoom 129 (under 3)

$$\text{Side A } 19.08 \times 17.92 - (3.67 \times 3.42) - (2.17 \times 2.08) = 324.84/35 = \boxed{9.2 \text{ OK } 8}$$

$$\text{Side B } 22 \times 15.17 - (5.42 \times 3.25) - (3.0 \times 5.08) = 300.88/35 = 8.5 \quad \boxed{\text{OK } 8}$$

Room 128 (under 3)

$$25.4 \times 16.1 - (8.1 \times 2) - (2.5 \times 2.1) = 387.49/35 = 11.07 \quad \boxed{\text{OK } 10 \text{ TWOS or } 8 \text{ under two}}$$

Room 126 (under 3)

$$25.4 \times 16.1 - (8.1 \times 2) - (2.5 \times 2.1) = 387.49/35 = 11.07 \quad \boxed{\text{OK } 10 \text{ TWOS or } 8 \text{ under two}}$$

Room 132 (infants)

$$33 \times 17 - (4 \times 15.1) - (9.4 \times 2) = 481.8/35 = 13.7 \quad \boxed{\text{OK } 8}$$

Room 124 (under 3)

$$25.4 \times 16.4 - (14.4 \times 4) - (7 \times 2) = 344.96/35 = 9.8 \quad \boxed{\text{OK } 9 \text{ TWOS or } 8 \text{ under two}}$$

Room 122 (under 3)

$$25.4 \times 16.4 - (14.4 \times 4) - (7 \times 2) = 344.96/35 = 9.8 \quad \boxed{\text{OK } 9 \text{ TWOS or } 8 \text{ under two}}$$

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: Betty Mayer
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Michelle Sena
(Person in Charge)OEC BY: n/a

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TLE Cheshire License # pending Date: 12.5.24

Observations/Corrections needed:

Room 135 (infant)

$$33 \times 17 - (4 \times 15.1) - (9.4 \times 2) = 481.8 / 35 = 13.7 \quad \boxed{\text{OK } 8}$$

Room 105 (over 3)

$$33 \times 17.8 - (7.4 \times 8.2) - (2.5 \times 2.1) = 521.47 / 35 = 14.89 \quad \boxed{\text{OK } 14}$$

Room 107 (over 3)

$$33 \times 26.1 - (27.1 \times 4.1) - (2.5 \times 2.1) = 744.94 / 35 = 21.2 \quad \boxed{\text{OK } 21}$$

Room 115 (under 3)

$$25.4 \times 16.8 - (14.6 \times 4.4) - (9.5 \times 2) = 357.73 / 35 = 10.2 \quad \boxed{\text{OK } 10 \text{ TWO'S} \text{ or } 8 \text{ under two}}$$

Room 111 (over 3)

$$33 \times 25.5 - (27.1 \times 4.1) - (2.5 \times 2.1) = 725.14 / 35 = 20.7 \quad \boxed{\text{OK } 20}$$

Room 113 (under 3)

$$25.4 \times 15.9 - (14.6 \times 4.4) - (9.5 \times 2) = 320.62 / 35 = 9.1 \quad \boxed{\text{OK } 9 \text{ TWO'S} \text{ or } 8 \text{ under two}}$$

Make Believe Boulevard (not in capacity - Room 120)

$$25.4 \times 32.3 - (9.2 \times 16.1) - (2.5 \times 2.1) = 667.05 / 35 = 19.0 \quad \boxed{\text{OK } 19}$$

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Signature: Betty Mayer
(OEC Representative)Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Michelle Sinatra
(Person in Charge)OEC BY: n/aPrint Name: Michelle Sinatra

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TLE Cheshire License # pending Date: 12.5.24

Observations/Corrections needed:

Toddler Playground

54 x 36.2 = 1,954.8175 = 26.06

OK 8 under two or 10 twos

Preschool Playground

81 x 36.2 = 2,932.2175 = 39.09

OK 39

Toilets

Sinks

+++ ++

+++ ++ ++
+++ ++ ++

License capacity 144 with 89 under 3

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty Mayer (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Melinda Smith (Person in Charge)

OEC BY: n/a