

**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:	Sprouts Nursery Play School Montessori	Date of Inspection:	2-7-25	Time of Arrival:	9:15am
Address:	3442 Fairfield Ave	License Number:	Pending	Expiration Date:	Pending
Town:	Bridgewater	Telephone Number:	475 319-1644	Summer Care:	Open
Operator:	Sprouts Nursery Playschool Montessori	# of Staff Present:	2	# over 3 Present:	0
Email:	OdetteCharley@gmail.com	Total Capacity:	Pending	Total Under 3 capacity:	Pending
Designated Director:	Odette Charley	Hours/Days of Operation:	M-F 8am - 5pm		

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

1. (c)(8) Local Health Inspection-Date: 12-30-24

ADMINISTRATION 19a-79-3a

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMplete/IMPLEMENTED**
 - (d)(2)(A) Discipline policy
 - (d)(2)(B)-C) Child Protection policy
 - (d)(3) Closing time policy
 - (d)(4)(A) Medical emergency policy
 - (d)(4)(B) Multi-Hazards policy-annual drill
 - (d)(5) Supervision policy
 - (d)(6) General Operating policies
 - (d)(6)(C) Administrative Oversight policy
 - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
 - (f) Immediate access by parents
 - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
 - (e)(1) License posted
 - (e)(2) OEC Complaint Procedure posted
 - (e)(3) Menus posted
 - (e)(4) No Smoking posted signs at entrances
 - (e)(5) OEC Inspection report posted or available
 - (e)(6) Developmental Milestones posted

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

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. **RATIOS**
 - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - (d)(4)(B) Mixed age group-ratios
 - (d)(6) Nap time ratio
 - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. (d)(5) **GROUP SIZE**
 - (d)(5)(A) Group Size-Indoors/Outdoors
 - (d)(5)(B) Group Size-school age field trips/outdoors
- 29. (e)(1) Mixed age group-group size
- 30. (f)(1) Designated director-training
- 31. (f)(2) CPR certified program staff
- 32. (f)(2) First aid certified program staff
- 33. **PROFESSIONAL DEVELOPMENT**
 - (a)(2) Documentation
 - (h)(1)(2) Health & Safety training
 - (h)(1)(2) 1% annual hours
- 34. (4)(C)(ii-v) **SWIMMING ACTIVITIES - Y/N**
 - (4)(C)(i) Swimming-Ratios
 - (e)(6) Non-swimmers identified
 - (e)(6) CPR certified staff-age 20 or older
 - (e)(6) Lifeguard-certified-supervising
- 35. (i)(1)(A)-(D) **CONSULTANTS**
 - (i) Consultants-Education, Health, Social Service, Dietitian (N/A)
 - (i)(2)(A-H) Consultant agreements-signed annually
 - (F) Agreements complete w/required services
 - (i)(2) Consultant logs-documented activities, observations and required services
 - (H)(i)-(I)(i) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	NA	NA	

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

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Sprouts Nursery Play School		Pending	1-7-25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
Montessori			
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS <input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission <input type="checkbox"/> (a)(1)(D)(iv) Field trip permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Transportation permission <input checked="" type="checkbox"/> 39. (a)(2)(C) Child Health Records <input checked="" type="checkbox"/> 40. (a)(2)(E) Immunization records <input checked="" type="checkbox"/> 41. (a)(3)(A) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 42. (a)(3)(B) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Parent notification of illness or injury <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 45. (a)(4) Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. (d)(2) <input checked="" type="checkbox"/> 73. (d)(3) <input checked="" type="checkbox"/> 74. (d)(3) <input checked="" type="checkbox"/> 75. (d)(4) <input checked="" type="checkbox"/> 76. (d)(5) <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) <input checked="" type="checkbox"/> 78. (d)(7) <input checked="" type="checkbox"/> 79. (d)(8) <input checked="" type="checkbox"/> 80. (d)(8) <input checked="" type="checkbox"/> 81. (d)(9) <input checked="" type="checkbox"/> 82. (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(D) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) <input checked="" type="checkbox"/> 83. (d)(11) <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 85. <input type="checkbox"/> 86. <input type="checkbox"/> 87. <input type="checkbox"/> 88. <input type="checkbox"/> 89. <input type="checkbox"/> 90. <input type="checkbox"/> 91. <input type="checkbox"/> 92. <input type="checkbox"/> 93. <input type="checkbox"/> 94. <input type="checkbox"/> (e)(8) <input type="checkbox"/> (e)(9) <input type="checkbox"/> (e)(9) <input type="checkbox"/> (e)(9) <input type="checkbox"/> (e)(10) <input type="checkbox"/> 95. <input type="checkbox"/> 96. <input type="checkbox"/> 97. <input type="checkbox"/> 98. <input type="checkbox"/> 99. <input type="checkbox"/> 100. <input type="checkbox"/> 101. <input type="checkbox"/> 102. <input type="checkbox"/> 103. <input type="checkbox"/> 104. <input type="checkbox"/> 105. <input type="checkbox"/> 106. <input type="checkbox"/> 107.	Walkways maintained Windows protected to prevent falls Window screens (Schl age only- N/A) Glass and mirrors protected to 36" Overhead doors-locking devices, spring protectors (N/A) Exits, stairs, hallways unobstructed Individual storage of clothing/bedding Smoking or vaping prohibited on premises/grounds Matches/lighters inaccessible Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Required toilets/sinks-1:25 schl age only Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located-at the facility or licensed premises Well lighted/ventilated toilet rooms Mechanical ventilation (Grp Homes N/A) Staff personal articles inaccessible AIR TEMPERATURE Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) Air temp <65°F comfortable (Schl age only-N/A) Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60 °F - 120 °F Portable space heaters prohibited Walls/ceilings/floors/rugs-clean/good repair Rugs- not tripping/slipping hazard Hot water/Steam pipes protected Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible Schl age only-lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials - labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Prevention of vermin-openings screened Radon test- Results: 1.6 N/A Results posted-Date: 12-28-24 (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) Air conditioners, water heaters, fuse boxes inaccessible Developmentally app equipment, materials	
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"/> 47. (a)(2) Nutritious meals and snacks <input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees <input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths <input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection (N/A) <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils <input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A) <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area <input checked="" type="checkbox"/> 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 85. <input type="checkbox"/> 86. <input type="checkbox"/> 87. <input type="checkbox"/> 88. <input type="checkbox"/> 89. <input type="checkbox"/> 90. <input type="checkbox"/> 91. <input type="checkbox"/> 92. <input type="checkbox"/> 93. <input type="checkbox"/> 94.		
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 12-30-24 <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. (e)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (e)(5)(B) Lead Water Test - Date: 12-31-24 <input checked="" type="checkbox"/> (e)(5)(B) Bact./Chem Test-Date: (N/A) <input checked="" type="checkbox"/> (c)(5)(C) Drinking water available/accessible <input checked="" type="checkbox"/> 70. (c)(6)(A) LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results: no lead <input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan Na <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.		

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

PROGRAM NAME	Sprouts Nursery School	LICENSE NUMBER	Pending	DATE OF INSPECTION	2-7-25
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PHYSICAL PLANT 19a-79-7a cont. <i>montessori</i>	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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- 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. **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 playg. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. **OUTDOOR PROTECTED/FENCING**
 - (h)(7) 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
- (h)(7)(C) Rooftop play areas-6 ft. wall/barrier *N/A*
- 114. **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*

- 129. **LINENS/CLOTHING**
 - (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. **SAFE SLEEP**
 - (g)(1) Under 12 mths placed on back for sleeping
 - (g)(1) Crib-slug 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. **FEEDING**
 - (j) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 - (k)(1) Written feeding schedule from parent-updated
 - (k)(2) Unused formula/milk discarded after feedings
 - (k)(3) Clean bottles/disposable bottles/appvd washing
 - (k)(4) Baby food served from dish or whole jar
 - (k)(5) Bottles labeled with child's name
 - (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
 - 137. (l)(2) Outdoor equipment-developmentally appropriate for ages of the children
 - 138. (l)(2) Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
 - 139. (l)(3)

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 *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. **DIAPERING**
 - (e)(1) Diaper area: elevated/sturdy/safety rail
 - (e)(2) Diaper area: used only for this purpose, located in the program area
 - (e)(3) Diaper area: non-porous surface/good repair
 - (e)(4) Diaper area: washed/disinfected after use
 - (e)(5) Diaper area: disposable paper sheets
 - (e)(6)(9) Covered waste receptacle-removed daily
 - (e)(7) Handwashing-staff/children
 - (e)(8) Diapering-Handwashing policies-posted/followed
 - (e)(10)(A-C) Cloth diapers-written plan developed

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

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

montessori

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 4

PROGRAM NAME: Sprouts Nursery Play School LICENSE NUMBER: Pending DATE OF INSPECTION: 2.7.25

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

Table with 3 columns: Item ID, Description, and Compliance Status. Includes items 147-156 for Night Care Endorsement and 171-179 for Monitoring of Diabetes.

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

Table with 3 columns: Item ID, Description, and Compliance Status. Includes items 157-159 for Medications and item 180 for Additional Violation.

DISCUSSIONS - COMMENTS

Large table area for discussions and comments, containing various regulatory items and their compliance status.

SIGNATURE OF OEC STAFF: Cathy Anderson SIGNATURE OF PERSON IN CHARGE: Detette Charbery PRINTED NAME: Cathy Anderson, Detette Charbery

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103

Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: pmw to approval

CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sprouts Nursery Play School License # Pending Date: 1-7-25
Montessori

Observations/Corrections needed:

Discussed all items on the inspection form with owner and new regulations.

Regulation is not in compliance when:

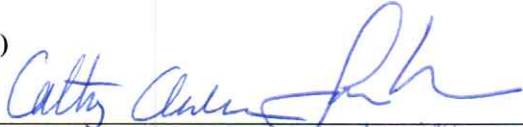
- #86 - Water measured 143.8^{°F} in the lunch room handwashing sink
- #94(e)(9) - Room B close work area measures 20 candles
- #111(h)(3) - Border above door is not ^{SA} secured

Discussions

menus need to be detailed

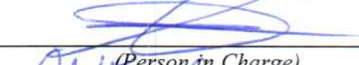
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

Signature: 
(OEC Representative)
 Print Name: Cathy Anderson Lon Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: Prior to
approval

Signature: 
(Person in Charge)
 Print Name: Odette Charley

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sprouts Nursery Play School License # Pending Date: 2/7/25
Monkesson

Observations/Corrections needed:

Measurements

NOT in capacity - Lunchroom Area $11.2 \times 18 + 5 \times 3.10 + 3.5 \times 4 = 231.1 / 35 = 6$ (children)
Classroom A $\uparrow 3 - 43 \times 28 - 1.9 \times 6.7 - 6.3 \times 6.7 = 11.9 \times 7 = 1065.76 / 35 = 30$ (children)
Classroom B $\uparrow 3 - 23.9 \times 29.7 - 3.6 \times 10.2 = 709.83 - 36.72 = 673.11 / 35 = 19$ (children)
Playground $43 \times 25 - 14.3 \times 4 = 1075 - 57.2 = 1017.8 / 75 = 13$ (children)
Capacity (~~49 children~~)

32 children as a result of 2 toilets

2 child toilets 1 staff toilet
4 SINKS

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 Ann [Signature]
(OEC Representative)
Print Name: Cathy Ann [Signature] Lanmangano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)
Print Name: [Signature]

OEC BY: Prior to Approval