

**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:	Smart Start Learning Center	Date of Inspection:	4.7.25	Time of Arrival:	8:30am
Address:	238 W ROCKS Rd	License Number:	Pending	Expiration Date:	Pending
Town:	NEWARK	Telephone Number:	203 940 0386	School Care:	Open
Operator:	Verde Daycare & Learning Center Newark LLC	# of Staff Present:	3	# over 3 Present:	0
Email:	fritz.g.chery@gmail.com	Total Capacity:	requesting 30	Total Under 3 Capacity:	requesting 30
Designated Director:	friz chery	Hours/Days of Operation:		# under 3 Present:	0
				Ages 3m-5yrs Served:	

Inspection Code: - Regulation in Compliance - 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-79-4b

1. (c)(8) Local Health Inspection-Date: 8/20/24

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 in prek-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
 - 3a(e)(1) License posted
 - 3a(e)(2) OEC Complaint Procedure posted
 - 3a(d)(6)(C) Administrative Oversight policy
 - 3a(e)(3) Menus posted
 - 3a(e)(4) No Smoking posted signs at entrances
 - 3a(e)(5) OEC Inspection report posted or available
 - 3a(e)(6) Dev. Milestones posted
 - 7a(e)(17) Radon Test posted (Schls-N/A)
 - 10(g)(8) Safe Sleep policy posted

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)-(e)(2)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- 27. (d)(4)(B)
- 28. (d)(6)
- 29. (d)(4)(D)
- 30. (d)(5)
- 31. (d)(5)(A)
- 32. (d)(5)(B)
- 33. (e)(1)
- 34. (f)(1)
- 35. (f)(2)
- (a)(2)
- (h)(1)
- (h)(2)
- (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- (i)(1)(A)-(D)
- (i) -
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(1)(i)

- Staff health records
 - Disciplinary actions
 - Comprehensive Background Checks
 - Past employment history
 - Evidence of compliance with bknd cks/history
 - Adequate staffing
 - Designated head teacher-approved-60%
 - Two staff present-age 18 or older
 - Personal qualities of staff
 - RATIOS**
 - Ratio 1:10 - Indoors/Outdoors
 - Mixed age group
 - Nap time ratio
 - Supervision-Indoors/Outdoors
 - GROUP SIZE**
 - Group Size-Indoors/Outdoors
 - Group Size-school age field trips/outdoors
 - Mixed age group-group size
 - Designated director-training
 - CPR certified program staff
 - First aid certified program staff
 - PROFESSIONAL DEVELOPMENT**
 - Documentation of prof. dev/trainings
 - Health & Safety training
 - 1% annual hours
 - SWIMMING ACTIVITIES - Y/N**
 - Swimming-Ratios
 - Non-swimmers identified
 - CPR certified staff-age 20 or older
 - Lifeguard-certified-supervising
 - CONSULTANTS**
 - Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - Consent agreements-signed annually-agreements complete w/required services
 - Consultant logs-documented activities, observations and required services
 - Consultant visits- Education/Health
- | | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education | / | / | / |
| Health | / | / | / |
| Soc. Serv. | / | / | / |
| Dietitian | / | / | / |

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Smart Start Learning Center		Pending	4.7.25
RECORD KEEPING 19a-79-7a		PHYSICAL PLANT 19a-79-7a cont.	
<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 checked="" 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"/> 71. (d)(1) Emergency vehicle access <input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained <input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls <input checked="" type="checkbox"/> 74. (d)(3) Window screens <input checked="" type="checkbox"/> 75. (d)(4) Glass/mirrors protected- 36" <input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A) <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed <input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing and bedding <input checked="" type="checkbox"/> 79. (d)(8) SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds <input checked="" type="checkbox"/> 81. (d)(8) Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected TOILETING <input checked="" type="checkbox"/> (d)(10)(A) Shared toilets/sinks-supervision plan <input checked="" type="checkbox"/> (d)(10)(B) Toileting needs met <input checked="" type="checkbox"/> (d)(10)(C) Potty chairs-nonporous, emptied, disinfected <input checked="" type="checkbox"/> (d)(10)(E) Required toilets/sinks-1:16 <input checked="" type="checkbox"/> (d)(10)(E) Toileting Supplies-Hand drying-Garbage <input checked="" type="checkbox"/> (d)(10)(E) Handwashing staff/children <input checked="" type="checkbox"/> (d)(10)(F) Toilets/sinks located at the facility <input checked="" type="checkbox"/> (d)(10)(G) Well lighted/ventilated toilet rooms <input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A) Staff personal articles inaccessible AIR TEMPERATURE <input checked="" type="checkbox"/> (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall <input checked="" type="checkbox"/> (e)(2) Air temp > 80 °F - ↑ fluids/ventilation <input checked="" type="checkbox"/> (e)(3) Water temperature 60°F-120°F <input checked="" type="checkbox"/> (e)(4) Portable space heaters prohibited WALLS/CEILINGS/FLOORS/RUGS <input checked="" type="checkbox"/> (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> (e)(5) Rugs- not a tripping/slipping hazard <input checked="" type="checkbox"/> (e)(6) Hot water/Steam pipes protected TELEPHONE/TELEPHONE NUMBERS <input checked="" type="checkbox"/> (e)(7) Working phone on each level <input checked="" type="checkbox"/> (e)(7) Emergency numbers posted-adjacent to phones <input checked="" type="checkbox"/> (e)(7) Parents provided direct on site phone number LIGHTING <input checked="" type="checkbox"/> (e)(8) All areas min. 1 foot candle of lighting <input checked="" type="checkbox"/> (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible <input checked="" type="checkbox"/> (e)(9) Enough lighting for comfort <input checked="" type="checkbox"/> (e)(10) Light fixtures shielded/shatter proof <input checked="" type="checkbox"/> (e)(10) Potentially hazardous substances, materials labeled, inaccessible <input checked="" type="checkbox"/> (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> (e)(14-15) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> (e)(16) Measures to prevent vermin <input checked="" type="checkbox"/> (e)(17) Radon test- Results: <u>0.6</u> (Schls-N/A) <input checked="" type="checkbox"/> (e)(18) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> (f)(1)(A) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust <input checked="" type="checkbox"/> (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) <input checked="" type="checkbox"/> (g)(3) Air conditioners/water heaters/fuse boxes inaccessible <input checked="" type="checkbox"/> (g)(4) Developmentally app equipment, materials		
HEALTH and SAFETY 19a-79-6a		<input checked="" type="checkbox"/> 82. (d)(10)(A)	
<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(N/A) <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 (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 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 FIRST AID SUPPLIES-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 94.		
PHYSICAL PLANT 19a-79-7a		<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9)	
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>22525</u> <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 <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A) <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals WATER SUPPLY - Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(A) Lead Water Test - Date: <u>11.14.24</u> <input checked="" type="checkbox"/> (c)(5)(B) Bact./Chem Test-Date: _____ (N/A) <input checked="" type="checkbox"/> (c)(5)(C) Drinking water available/accessible LEAD PAINT - <input checked="" type="checkbox"/> (c)(6)(A) Building Pre-78: Y(N) Lead Test: Y(N) Results _____ <input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan _____ Peeling Paint - Y(N) Inside/Outside	<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

PROGRAM NAME Smart Start Learning Center	LICENSE NUMBER Pending	DATE OF INSPECTION 4.7.25
--	----------------------------------	-------------------------------------

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"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
		<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
		<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
		<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
		<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
		<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
		<input checked="" type="checkbox"/> (h)(6)	New equip- cert play, inspection upon request
		<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
		<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
		<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
		<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
		<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"/>	114.		WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
		<input checked="" type="checkbox"/> (f)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
		<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, moderate and vigorous physical activity that takes place outdoors
		<input checked="" type="checkbox"/> (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

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

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<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"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<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"/>	128.	(e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
		<input checked="" type="checkbox"/> (e)(3)	
		<input checked="" type="checkbox"/> (e)(4)	
		<input checked="" type="checkbox"/> (e)(5)	
		<input checked="" type="checkbox"/> (e)(6-9)	
		<input checked="" type="checkbox"/> (e)(7)	
		<input checked="" type="checkbox"/> (e)(8)	
		<input checked="" type="checkbox"/> (e)(10)(A-C)	
<input checked="" type="checkbox"/>	129.	(f)(1)	
		(f)(2)	
<input checked="" type="checkbox"/>	130.	(f)(3)	
		(f)(4)	
		(g)(1)	
		(g)(1)	
		(g)(1)	
		(g)(2)	
		(g)(3)	
		(g)(4)	
		(g)(5)	
		(g)(6)	
		(g)(7)	
		(g)(8)	
		(h)(1)	
		(h)(1)	
		(h)(2)	
		(h)(2)	
		(i)(1)(2A-C)	
		(i)	
		(k)(1)	
		(k)(2)	
		(k)(3)	
		(k)(4)	
		(k)(5)	
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

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

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule- available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
<input checked="" type="checkbox"/>	141.	(c)	
		(e)(1)	
		(e)(2)	
		(c)(3)	
<input checked="" type="checkbox"/>	143.	(d)	
<input checked="" type="checkbox"/>	144.	(e)	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Smart Start Learning Center License # Pending Date: 4.7.25

Observations/Corrections needed:

Measurements

√3 Room 1 - $34.5 \times 16.5 - 2.8 \times 6 - 2.8 \times 6.1 = 535.37 / 35 = 15$ (8 or 10 due to group size)

√3 Room 2 - $22.1 \times 34.5 - 7.6 \times 8.6 = 697.09 / 35 = 19$ (8 or 10 due to group size)

√3 Room 3 - $25.5 \times 19.2 + 23.4 \times 12.9 - 10.9 \times 2.5 = 764.21 / 35 = 21$ (8 or 10 due to group size)

NS Room 4 - $37.2 \times 24.4 - 13.1 \times 11.10 - 2.10 \times 11.11 - 21.6 \times 4.3 - 4.10 \times 4.9 - 8.5 \times 2.5 - 1.15 = 789.25 / 35 = 22$ (Director requesting 20)

√3 Room 5 - $28.9 \times 16.5 - 4.3 \times 2.3 - 4.2 \times 1 = 457.65 / 35 = 13$ children

(capacity 63/30)

NOT IN CAPACITY - Hall - All purpose Area - $24.3 \times 31.10 + 8 \times 8.8 = 826.13 / 35 = 23$ over 3s only

NOT IN CAPACITY - Movement Room - $37.3 \times 13.2 = 492.36 / 35 = 14$ children (preschool) or (8 or 10 under 3s)

Outdoors Playground 1 - $20 \times 19.10 = 382 / 75 = 5$ children over 3s or under 3s

Playground 2 - $19.7 \times 20 = 394 / 75 = 5$ children over 3 or under 3s

W = wall
C = column

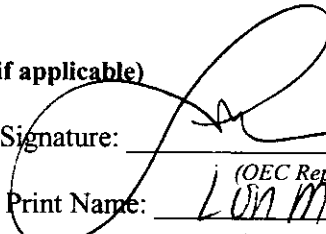
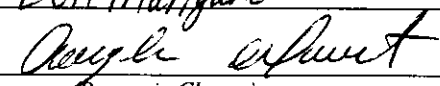
7 Child toilets

staff toilets (2) sinks (2)

21 Sinks in facility

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: 
 Print Name: Lon Mangano (OEC Representative)
 Signature: 
 Print Name: Arjelica Mendez (Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: prior to OEC approval

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Smart Start Learning Center License # Pending Date: 4.7.25

Observations/Corrections needed? Regulation not in compliance when...

- (82)(d)(10)(F) Toilet paper is not observed throughout multiple bathrooms.
- (d)(10)(H) Room 5 bathroom has no mechanical ventilation and mechanical ventilation is not working throughout all bathrooms.
- (88)(e)(5) Room 4 has 2 stained ceiling tiles in bathroom.
- (111)(h)(3) AC unit not protected and accessible near playgrounds

Discussion

- All items checked were discussed or observed at inspection
- New regulations
- Ratios / group size for 2s (when all children turn 2), under 3s and preschool.
- Supervision plan for walking to playground and ~~fire~~ objects under 1 1/4" and children under 3 (submitted at inspection)
- Supervision and changing table position and desks

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

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

Signature: [Signature]
(OEC Representative)
Print Name: Lon Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to OEC approval

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