



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



**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:	Tiny Sprouts Playhouse	Date of Inspection:	5/21/2025	Time of Arrival:	8:15AM
Address:	57 Lafayette St	License Number:	20718	Expiration Date:	7/31/2027
Town:	Norwich, CT 06360	Telephone Number:	860-222-8691	Summer Care:	Open
Operator:	Tiny Sprouts Playhouse LLC	# of Staff Present:	2	# over 3 Present:	0
Email:	tinysprouts.hc@gmail.com	Total Proposed Capacity:	48	Total Under 3 capacity:	40
Designated Director:	Noelani Jackson	Hours/Days of Operation:	Monday-Friday 10:30AM-5:30PM		

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

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: 5/19/2025

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. (c)(1-4) **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

STAFFING and CONSULTANTS 19a-79-4a

- 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)
 - (d)(4)(B)
 - (d)(6)
 - 28. (d)(4)(D)
 - 29.
 - (d)(5)
 - (d)(5)(A)
 - (d)(5)(B)
 - 30. (e)(1)
 - 31. (f)(1)
 - 32. (f)(2)
 - 33.
 - (a)(2)
 - (h)(1)
 - (h)(2)
 - (4)(C)(ii-v)
 - (4)(C)(i)
 - (e)(6)
 - (e)(6)
 - 35. (i)(1)(A)-(D)
 - (i) - (i)(2)(A-H)
 - (F)
 - (i)(2)
 - (H)(i)-(I)(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)
Consultant 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 | | | |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Timy Sprouts Playhouse	LICENSE NUMBER	70718	DATE OF INSPECTION	5/21/2025
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
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<input type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input type="checkbox"/>	37.	<input type="checkbox"/> (a)(1)(D)(i) <input type="checkbox"/> (a)(1)(D)(ii) <input type="checkbox"/> (a)(1)(D)(iii) <input type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission
<input type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records
<input type="checkbox"/>	39.	(a)(2)(C)	Immunization records
<input type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<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

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(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
<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
<input checked="" type="checkbox"/>		(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 4/16/2025
<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
<input checked="" type="checkbox"/>	69.	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
		(c)(5)(B)	Lead Water Test - Date: 4/24/2025
		(c)(5)(C)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/>	70.	(c)(6)(A)	Drinking water available/accessible
		(c)(6)(A)	LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results: No lead
		(c)(6)(B-D)	Lead Management Plan
			Peeling Paint - Y/N Inside/Outside

<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
<input checked="" type="checkbox"/>	82.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>		(d)(10)(A)	TOILETING 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)(C)	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)
<input checked="" type="checkbox"/>	83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84.	(e)(1)	AIR TEMPERATURE 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
<input checked="" type="checkbox"/>		(e)(5)	WALLS/CEILINGS/FLOORS/RUGS 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
<input checked="" type="checkbox"/>		(e)(7)	TELEPHONE/TELEPHONE NUMBERS 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
<input checked="" type="checkbox"/>		(e)(8)	LIGHTING 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"/>	95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	100.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: 7 (Schls-N/A)
<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Tiny Sprouts Playhouse	LICENSE NUMBER 7078	DATE OF INSPECTION 5/21/2025
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<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.	<input checked="" type="checkbox"/> (h)(7)	OUTDOOR PROTECTED/FENCED
	<input checked="" type="checkbox"/> (h)(7)(A)	Playground protected from traffic, water, gullies or other hazards
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from hazards-4 ft
	<input checked="" type="checkbox"/> (h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
	<input checked="" type="checkbox"/> (i)	WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

<input checked="" type="checkbox"/> 128.	(e)(2)	Diapering cont.
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: used only for this purpose, located in the program area
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: non-porous surface/good repair
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: washed/disinfected after use
	<input checked="" type="checkbox"/> (e)(6-9)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (e)(7)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (e)(8)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	Cloth diapers-written plan developed
	<input checked="" type="checkbox"/> (f)(2)	LINENS/CLOTHING
	<input checked="" type="checkbox"/> (f)(3)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (f)(4)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (g)(1)	Linens/clothing stored individually
	<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (g)(1)	SAFE SLEEP
	<input checked="" type="checkbox"/> (g)(2)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (g)(3)	Crib-slug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (g)(4)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (g)(5)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (g)(6)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (g)(7)	No unapproved sleeping-car seats/swings/beds, etc.
	<input checked="" type="checkbox"/> (g)(8)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/> 131.	<input checked="" type="checkbox"/> (h)(1)	Observe/assess infants at least every 15 minutes
	<input checked="" type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccessible
	<input checked="" type="checkbox"/> (h)(2)	Safe sleep policies - parents informed
	<input checked="" type="checkbox"/> (h)(2)	TOYS AND OTHER OBJECTS
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> 136.	<input checked="" type="checkbox"/> (j)	Toddler toys-washed/sanitized weekly
	<input checked="" type="checkbox"/> (k)(1)	No toys/objects less than 1 1/4" diameter
	<input checked="" type="checkbox"/> (k)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
	<input checked="" type="checkbox"/> (k)(3)	Health consultant visits/documentation
	<input checked="" type="checkbox"/> (k)(4)	FEEDING
	<input checked="" type="checkbox"/> (k)(5)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/> 137.	(l)(1)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/> 138.	(l)(2)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/> 139.	(l)(3)	Clean bottles/disposable bottles/appvd washing
		Baby food served from dish or whole jar
		Bottles labeled with child's name
		Outdoor spaced fenced-4 ft (lic. after 1/1/25)
		Outdoor equipment-developmentally appropriate for ages of the children
		Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

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) (1)-(11)	EDUCATIONAL REQUIREMENTS
	<input checked="" type="checkbox"/> (b)	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
		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.	<input checked="" type="checkbox"/> (e)(1)	DIAPERING
		Diaper area: elevated/sturdy/safety rail

N/A

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

LINENS/CLOTHING

Linens/emergency clothing available

Linens washed weekly or as needed

Linens/clothing stored individually

Cribs/cots cleaned-linens changed when shared

SAFE SLEEP

Under 12 mths placed on back for sleeping

Crib-slug fitting mattress/tightly fitted sheet

Alternate sleep position/equipment-medical documentation for medical reason on file

Infants allowed to adopt other sleep positions

No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles

No unapproved sleeping-car seats/swings/beds, etc.

No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes

Observe/assess infants at least every 15 minutes

Teething necklaces/bracelets, jewelry inaccessible

Safe sleep policies - parents informed

TOYS AND OTHER OBJECTS

Infant toys-separate/washed/sanitized daily

Toddler toys-washed/sanitized weekly

No toys/objects less than 1 1/4" diameter

Plastic bags/balloons/styrofoam inaccessible unless under direct supervision

Health consultant visits/documentation

FEEDING

Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle

Written feeding schedule from parent-updated

Unused formula/milk discarded after feedings

Clean bottles/disposable bottles/appvd washing

Baby food served from dish or whole jar

Bottles labeled with child's name

Outdoor spaced fenced-4 ft (lic. after 1/1/25)

Outdoor equipment-developmentally appropriate for ages of the children

Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N)

<input type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/> 141.	(c)	SCHEDULE - ACTIVITIES
	<input type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule- available to staff/parents
	<input type="checkbox"/> (c)(2)	Activities not a duplication of child's day
	<input type="checkbox"/> (c)(3)	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
<input type="checkbox"/> 143.	(d)	Ratio- 1:15
<input type="checkbox"/> 144.	(e)	Group size- max. 30

SUPPLEMENTAL REPORT OF INSPECTION

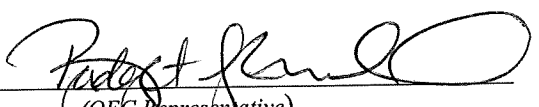
Name of Program/Provider: Tiny Sprouts Playhouse License # 70718 Date: 5/21/2025

Observations/Corrections needed:

- Indoor Capacity = 47 with 40 under age 3yrs
- Program received a copy of all measurements
- Program must submit additional XRF and dust wipe samples for closets, office, staff bathroom, storage spaces
- OEC approval required prior to providing childcare
- Received copy of change of address application from operator

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

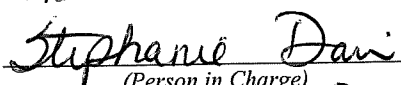
Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 
(OEC Representative)

Print Name: BRIDGET L. MEERM

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 

Signature: 
(Person in Charge)

Print Name: Stephanie Davis

SQUARE FOOTAGE REPORT

Tim Sprouts Playhouse
(Name of Program)

2018
(License Number)

5/21/2025
(Date of Measurements)

INDOOR SPACE

Room: Gross Motor : $(14.9 \times 10.6) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 157.94$
(Name/Number) Totals _____ Minus _____

Under 3
 YES NO

Deduction: $(7.5 \times 3) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 22.5$

Totals 22.5 _____

Description Wall _____

Total 135.44 $\div 35/30 = 3.8$

OK for 3 children

Room: Infant IA : $(22.2 \times 14.9) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 330.78$
(Name/Number) Totals 330.78 _____ Minus _____

Under 3
 YES NO

Deduction: $(4.5 \times 1.7) + (5.7 \times 5.2) + (1.3 \times 1.4) + (\quad \times \quad) = 39.11$

Totals 7.65 29.64 1.82 _____

Description Door Wall Refrig _____

Total 291.67 $\div 35/30 = 8.3$

OK for 8 children

Room: Presch/Older Tods : $(14.9 \times 8.5) + (12.1 \times 2.9) + (13.2 \times 5.3) + (9.6 \times 5.1) = 280.66$
(Name/Number) Totals 126.65 35.09 69.96 48.96 _____ Minus _____

Under 3-4 Preschool
 YES NO

Deduction: $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$ _____

Totals _____

Description _____

Total 280.66 $\div 35/30 = 8.0$

OK for 8 children

Room: Infant IB : $(21.4 \times 14.9) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 318.86$
(Name/Number) Totals 318.86 _____ Minus _____

Under 3
 YES NO

Deduction: $(1.5 \times 2.4) + (5.9 \times 2.4) + (1.3 \times 1.4) + (\quad \times \quad) = 28.58$

Totals 12.6 14.16 1.82 _____

Description Wall Wall Refrig _____

Total 290.28 $\div 35/30 = 8.2$

OK for 8 children

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

*30 sq/ft licensed prior 1986 (continuous basis)

Tiny Sprouts Playhouse
(Name of Program)

70718
(License Number)

5/21/2025
(Date of Measurements)

INDOOR SPACE

Room: Toddlers : $(21.9 \times 14.9) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 326.31$
(Name/Number)

Totals 326.31 Minus

Under 3

YES/NO

Deduction: $(4.5 \times 1.7) + (3.5 \times 6.5) + (2.1 \times 1.7) + (\quad \times \quad) = 33.97$

Totals 7.65 22.75 3.57

Description Door Wall Wall

Total 292.34 $\div \textcircled{35} / 30 = 8.3$

OK for 8 children

Room: Young Toddlers 1A : $(18.4 \times 17.1) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 314.64$
(Name/Number)

Totals 314.64 Minus

Under 3

YES/NO

Deduction: $(5.5 \times 2.1) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 11.55$

Totals 11.55

Description Door

Total 303.09 $\div \textcircled{35} / 30 = 8.6$

OK for 8 children

Room: Young Toddler 1B : $(17.9 \times 17.1) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 306.09$
(Name/Number)

Totals 306.09 Minus

Under 3

YES/NO

Deduction: $(2.1 \times 5) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 10.5$

Totals 10.5

Description Door

Total 295.59 $\div \textcircled{35} / 30 = 8.4$

OK for 8 children

Outside w/

Room: planter + walkway : $(36.1 \times 24) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 866.4$
(Name/Number)

Totals 866.4 Minus

Under 3

YES/NO

Deduction: $(13.4 \times 10.8) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 144.72$

Totals 144.72

Description planter/walkway

Total 721.68 $\div \textcircled{75} / 30 = 9.6$

OK for 8 children

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

*30 sq/ft licensed prior 1986 (continuous basis)

Timy Sprouts Playhouse
(Name of Program)

70718
(License Number)

5/01/2025
(Date of Measurements)

outside

INDOOR SPACE

Room: Farthest from : (24 x 25.9) + (x) + (x) + (x) = 621.6
(Name/Number) Totals 621.6 Minus

Under 3 Building
YES/NO Both Deduction: (x) + (x) + (x) + (x) =
Preschool
and
under 3yrs Totals
Description

Total 621.6 $\div \frac{75}{35/30} = \underline{8.2}$ OK for 8 children

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

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

Total $\div 35/30 = \underline{ }$ OK for children

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

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

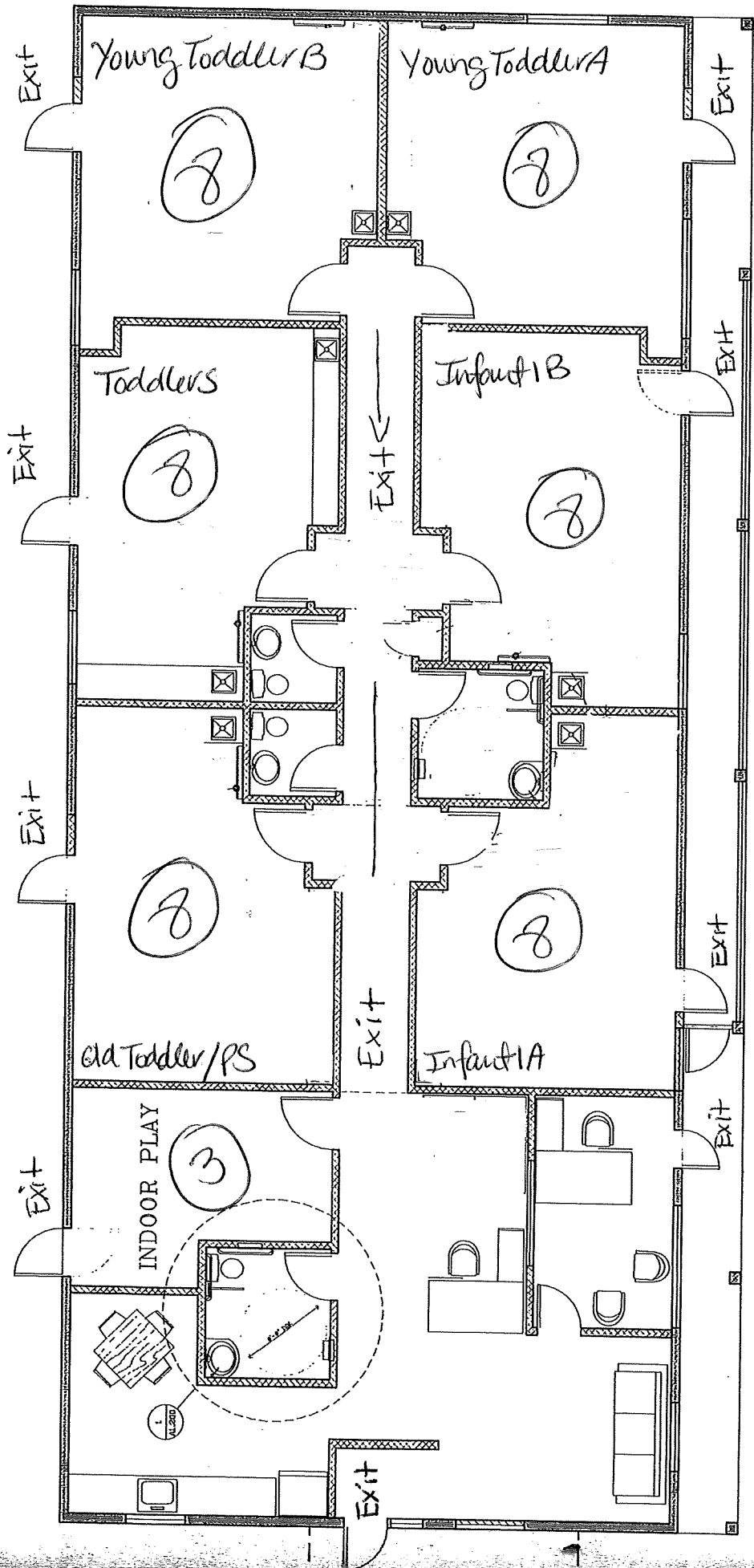
Total $\div 35/30 = \underline{ }$ OK for children

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

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

Total $\div 35/30 = \underline{ }$ OK for children

Express the figure as whole number by rounding decimals down.



1 FLOOR PLAN
 SCALE: 1/4" = 1'-0"