

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Playful Minds</u>	License Number: <u>70529</u>	Date of Inspection: <u>11/17/21</u>	Time of Arrival: <u>8:35</u>
Address: <u>115 A Elm St.</u>	Expiration Date: <u>11/30/23</u>	Licensed Capacity: <u>70</u>	Under 3 Capacity: <u>23</u>
Town: <u>Enfield</u>	Telephone: <u>860-835-5066</u>	# of children present: <u>20</u>	# of staff present: <u>6+1</u>
Operator: <u>Playful Minds CT, LLC</u>	Director: <u>Leyda Quinones</u>	Head Teacher: <u>Markene Vega</u>	
Email:	Summer Care: <u>Open</u>		
Hours of Operation: <u>M-F 6:30-5:30</u>			
Ages Served: <u>6 Wks - 12 yrs.</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			

Licensure Procedures 19a-79-2a

- 1. Local Health Date: 10/29/19
- Administration 19a-79-3a**
- 2. New Staff-Employee Orientation
- 3. Annual Staff Policy Training
- 4. Documentation of Behavior M. Tech Discussed w/Parents
- 5. Notification of Change
- 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- 7. Daily Attendance Records: Children/Staff

Items Posted: Conspicuous/Accessible

- 8. License
- 9. Current Fire Marshal Certificate Date: 11/8/19
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: not avail.
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 10/14/19 Results: .5

Staffing 19a-79-4a

- 16. Staff Health Records (TB Tests)
- 17. Professional Development
- 18. Disciplinary Actions
- 19. Designated Head Teacher/60%
- 20. Two Staff Present
- 21. Ratio: 1 Staff to 10 Children
- 22. Group Size: Maximum 20 Children
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

Consultants

- 26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- 27. Logs/Visits Documented

Swimming: (Y/N)

- 28. Non-Swimmers Identified
- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

- 45. License Premise: Clean/Good Repair/Hazard Free
- 48. Sanitary Drinking Fountains/Disposable Cups
- 49. Lead Water Test Date: 10/14/19
Bacterial/Chemical Test (Y/N) Date: 10/14/19
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 52. All Openings for Ventilation Screened
- 53. Windows Protected to Prevent Falls
- 54. Glass Protected to 36"
- 55. Overhead Doors Locking Devices/Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 57. Individual Storage of Clothing/Bedding
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 60. Electrical Safety: Outlets/Cords
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 63. Potty Chairs: Nonporous/Emptied/Disinfected
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative:

Linda Maykan
Print name: Linda Maykan

Written Corrective Action Plan Due to OEC by: 12/1/21

Signature of Person in Charge:

Leyda Quinones
Print name: Leyda Quinones

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <u>Playful Minds</u></p>	<p>License Number: <u>70529</u></p>	<p>Date of Inspection: <u>11/17/21</u></p>
<p><u>Physical Plant continued:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Water Temperature 60°-115° <input checked="" type="checkbox"/> 68. Portable Space Heaters <input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input checked="" type="checkbox"/> 70. Rugs Secure <input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/> 72. Working Phone on Each Level <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic <input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <p><u>Outdoor Space</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free from Hazards <input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p><u>Educational Requirements 19a-79-8a</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/Flexible/Meets Individual Needs <p style="padding-left: 40px;">Program Includes: Indoor/Outdoor/Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up</p> <p><u>Administration of Medications 19a-79-9a</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p><u>Nonprescription Topical Medications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p><u>Oral Topical/Inhalant/Injectable Medications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p><u>Self-Administration</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization 	<p><u>Under Three Endorsement 19a-79-10</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 109. Approved Endorsement <input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input checked="" type="checkbox"/> 111. Group Size no Larger than 8 <input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space <input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input checked="" type="checkbox"/> 115. Washable Cots <input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input checked="" type="checkbox"/> 120. Washed/Disinfected <input checked="" type="checkbox"/> 121. Disposable Paper Sheets <input checked="" type="checkbox"/> 122. Covered Waste Receptacle <input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted <input checked="" type="checkbox"/> 124. Hand Washing Policy Posted <input checked="" type="checkbox"/> 125. Individual Storage of Personal Items <input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N <input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1/4" Diameter <input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits <input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded <input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <p><u>Outdoor Play Space-Under Three:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <p><u>School Age Children Endorsement 19a-79-11</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate <p><u>Night Care Endorsement 19a-79-12 (10pm-5am)</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 148. Approved Endorsement <input checked="" type="checkbox"/> 149. Written Program Plan/Supervision <input checked="" type="checkbox"/> 150. Staff Awake/Available <input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input checked="" type="checkbox"/> 152. Individual Storage of Personal Items <input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <p><u>Monitoring of Diabetes 19a-79-13</u> <i>none</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications 	
<p>Signature of OEC Representative <i>Linda Moylan</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>12/1/21</i></p>	<p>Signature of Person in Charge <i>Leyda Quinones</i></p>
<p>Print Name: <i>Linda Moylan</i></p>	<p>Print Name: <i>Leyda Quinones</i></p>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Playful Minds License # 70529 Date: 11/17/21

Observations/Corrections needed:

- 1- Local health inspection dated 10/29/19/expired.
- 2- Annual policy training not completed for 2 of 3 staff.
- 9- Fire Marshall certificate dated 11/1/19/expired.
- 11- Food Service certificate not available.
- 16- One staff without TB test results, (1 of 3)
- 26- Education, social service and dietitian consultant agreements not current.
- 27- Logs not available for all consultants.
- 37- Child health record more than 1 year.
- 38- One emergency medication without a Care Plan.
- 49- Lead water test dated 10/14/19.
- 65- Ventilation fan not working in one P.S. bathroom. Tile between sinks,
- 69- P.S. bathroom floor dirty, ceiling in kitchen with holes, rugs not affixed
- 70- Secure in art, toddler & P.K rooms = trip hazard.
- 76- Hazardous substances observed not locked but out of reach. (P.S., toddler & 5th room)

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: Linda Maylan

(OEC Representative)

Linda Maylan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Lyned Buno

(Person in Charge)

OEC BY: 12/1/21

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Playful Minds License # 70529 Date: 11/17/21

Observations/Corrections needed:

- 81- 8 children enrolled in room approved for 7 children.
- 88- Impact material documentation for toddler turf material not available.
- 89- Fence pole cracked/rusty, fence attachments & screws observed to protrude
- 112- Art room without barriers sometimes used by older toddlers.
- 113- Handwash sink used for other purposes/ not exclusive.
- 126- Cribs shared, not disinfected in between.
- 131- Infant toys not all washed daily.
- 138- Bottle washing not approved by local health. Multi-use food service must be done per regulation.
- 19a-79-3a) Provider failed to comply with mask requirement/written policy for mask wearing when children over 3 were observed without masks and no reminders provided by staff. No mask wearing policy available.

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Signature: Linda Maylan
(OEC Representative)
Print Name: Linda Maylan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Leyda Quinones
(Person in Charge)
Print Name: Leyda Quinones

OEC BY: 12/1/21

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Playful Minds License # 70529 Date: 11/17/21

Observations/Corrections needed:

- * Discussed - J.A. area observed to have many items for building maintenance stored. Licensed spaces must be kept suitable for enrollment of children. May wish to reduce program capacity by removing area from licensed space.
- * BCIS and background check requirements discussed. Director emailed per website for assistance.

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

Signature: Linda Maytan
(OEC Representative)
Print Name: Linda Maytan

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/1/20

Signature: Leyda Quinones
(Person in Charge)
Print Name: Leyda Quinones