

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Playful Minds Date: 3/9/22 Time: 8:45
Location Address: 115 A Elm St., Enfield Telephone #: 860-935-5066
e-mail address: paige@playfulminds.com License #: 70529 Expiration Date: 11/30/23
Capacity: 70 # of Children Present: 18 # of Staff Present: 7

| | |
|--|---|
| Consent to Inspect Family Child Care Home | <i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.</i> Provider/Applicant/Substitute's Signature _____ |
|--|---|

Purpose of visit: Follow up to 2/8/22 follow up.

Observations/Corrections needed:

Check GAP items.
#1 - Local health inspection not current. (10/19.)
#11 - Temp. food service certificate observed.
112 - Physical barriers not bolted but
secure. New barrier has been
ordered.
45 - Pipes not accessible.
113 - Diaper change/handwash sink now
completely working.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/18/22

Signature: Linda Moylan
(OEC Representative)
Print Name: Linda Moylan
Signature: Leyda Quinones
(Person in Charge)
Print Name: Leyda Quinones