

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL  UNANNOUNCED  FULL PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <b>Fun Place Education LLC</b>	License Number: <b>80027</b>	Date of Inspection: <b>6/21/23</b>	Time of Arrival: <b>8:35</b>
Address: <b>154 Standish St.</b>	Expiration Date: <b>1/31/27</b>	Licensed Capacity: <b>12</b>	Under 3 Capacity: <b>8</b>
Town: <b>Hartford CT 06114</b>	Telephone: <b>860-995-0553</b>	# of children present: <b>5</b>	# of staff present: <b>4</b>
Operator: <b>Fun Place Education LLC</b>	Director: <b>Jacqueline Torres</b>	Head Teacher: <b>Jacqueline Torres</b>	
Email: <b>torresjacqueline76@yahoo.com</b>	Summer Care: <b>Open</b>		
Hours of Operation: <b>8:00 - 5:00</b>	Instruction Codes: N/A = Not applicable at this time ✓ = Compliance/No violation found O = Non-compliance/Violation found		
Ages Served: <b>6 weeks - 12 years</b>	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: **10/31/22**

**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: **9/27/22**

10. OEC Complaint Procedure

11. Food Service Certificate Date: **11/29/22**

12. Menus

13. Emergency Plans

14. No Smoking Signs

15. Radon Test (Y/N) Date: **2/4/21** Results: **<0.5**

15a. Developmental Milestones

**Staffing 19a-79-4a**

16. Staff Health Records/TB Tests

17. Professional Development

18. Disciplinary Actions

18b. Background Checks

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	✓	
Health	✓	✓
Social Service	✓	
Dental	✓	
Dietitian	0	

27. Logs/Visits Documented

Swimming: (Y/N)

28. Non-Swimmers Identified

**Swimming cont.**

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

46. Sanitary Drinking Fountains/Disposable Cups

47. Water Supply (Public Well)

48. Lead Water Test Date: **8/22/22**

49. Bacterial/Chemical Test (Y/N) Date: **-**

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

Signatures of OEC Representative: *[Signature]* Written Corrective Action Plan Due to OEC by: **7/5/23** Signature of Person in Charge: *[Signature]*

Print name: **Johanne Dato** *[Signature]*  
*Charmen E. Valenzuela*  
*Jenny Tenorio*

Print name: **Yllene Galana** *[Signature]*

## CHILD CARE CENTER/GROUP INSPECTION FORM

<b>Program Name:</b> <span style="font-size: 1.2em; font-family: cursive;">Fun Place Education LLC</span>	<b>License Number:</b> <span style="font-size: 1.2em;">80027</span>	<b>Date of Inspection:</b> <span style="font-size: 1.2em;">6/21/23</span>
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**Physical Plant continued:**

- 67. Water Temperature 60°-115°
- 68. Portable Space Heaters
- 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
- 70. Rugs Secure
- 71. Hot Water/Steam Pipes Protected
- 72. Working Phone on Each Level
- 73. Emergency Numbers Posted
- 74. Adequate Lighting: 50/30 Candle Feet
- 75. Light Fixtures Shielded/Shatter Proof
- 76. Potentially Hazardous Substances Locked
- 77. Garbage/Rubbish Disposed Daily
- 78. Stairs Protected/Good Repair/Handrails
- 79. Pets: Maintained/Care Plan (Y/N)
- 80. Operable CO Detector on Each Level (Y/N)
- 81. Program Space/Adequate Sq. Ft. Per Child
- 82. Equipment: Good Repair/Safe/Non-toxic
- 83. Cots Stored/Maintained/Adequate Number
- 84. Developmentally Appropriate Equipment/Materials
- 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
- 86. No Weapons/No Facsimile of a Firearm on Premise

**Outdoor Space**

- 87. Outdoor Space Adequate Sq. Ft. Per Child
- 88. Impact Absorbing Material under Equipment
- 89. Playground Free from Hazards
- 90. Peeling Paint (Y/N) Sample Taken (Y/N)
- 92. Equipment Anchored/Safely Arranged
- 93. Outdoor Play Area Protected/Fenced
- 94. Drinking Water Available/Accessible

**Educational Requirements 19a-79-8a**

- 95. Written Plan for Daily Program Available to Parents/Staff
- 96. Activity Choices: Developmentally Appropriate/  
Flexible/Meets Individual Needs  
Program Includes: Indoor/Outdoor, Gross/Fine  
Motor Skills, Snacks/Meals,  
Rest/Sleep/Quiet Time,  
Toileting and Clean Up

**Administration of Medications 19a-79-9a**

- 97. Written Policies/Procedures
- 98. Training Outline on file

**Nonprescription Topical Medications**

- 99. Administration/Parent Permission/MAR
- 100. Labeling/Storage

**Oral/Topical/Inhalant/Injectable Medications**

- 101. Med Trained Staff/Certificates
- 102. Authorized Prescriber/Parent Permission/MAR
- 103. Labeling/Storage
- 104. Unused/Expired Meds Returned/Disposed

**Self-Administration**

- 105. Authorized Prescriber/Parent Permission/MAR
- 106. Labeling/Storage
- 107. Approved Petition For Special Med Authorization

**Under Three Endorsement 19a-79-10**

- 109. Approved Endorsement
- 110. Ratio: 1 Staff to 4 Children
- 111. Group Size no Larger than 8
- 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
- 113. Adequate Sinks in Program Space
- 114. Free Standing/Well-Constructed/Safe Cribs
- 115. Washable Cots
- 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray
- 117. Dev. Appropriate Tables/Chairs/Equipment
- 118. Refrigerators and Food Prep Facilities
- 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
- 120. Washed/Disinfected
- 121. Disposable Paper Sheets
- 122. Covered Waste Receptacle
- 123. Diaper Changing Policy Posted
- 124. Hand Washing Policy Posted
- 125. Individual Storage of Personal Items
- 126. Cribs/Cots Washed/Disinfected
- 127. Under 12 Months Placed on Back for Sleeping
- 128. Alternate Sleep Position/Equip-Medical Document Y/N
- 129. Crib/Bed Used for Infant Sleeping
- 130. Crib/Bed Free from Observable Hazards
- 131. Infant Toys Separate/Washed/Disinfected Daily
- 132. No Toys/Objects Less than 1 1/4" Diameter
- 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
- 134. Health Consultant/Documentation of Visits
- 135. Infants Held for Bottles/Individual Attn/Tummy Time
- 136. Written Statement/Feeding Schedule from Parent
- 137. Unused Portions of Liquids Discarded
- 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
- 139. Food Served from Dish or Whole Jar Served
- 140. Bottles Individually Identified w/Child's Name

**Outdoor Play Space-Under Three:**

- 141. Play Space Fenced
- 142. Outdoor Equipment: Dev. Appropriate

**School Age Children Endorsement 19a-79-11**

- 143. Approved Endorsement
- 144. Activity choices appropriate
- 145. Ratio: 1 Staff to 10 Children
- 146. Group Size: Max. 20 Children
- 147. Education Consultant Appropriate

**Night Care Endorsement 19a-79-12 (10pm-5am)**

- 148. Approved Endorsement
- 149. Written Program Plan/Supervision
- 150. Staff Awake/Available
- 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel
- 152. Individual Storage of Personal Items
- 153. Bedding/Sleeping Apparel Laundered Weekly

**Monitoring of Diabetes 19a-79-13** No children enrolled

- 154. Written Policies/Procedures
- 155. On Site Staff Trained in First Aid/Glucose Testing
- 156. Training Current/Documented
- 157. Supervision of Self Administration
- 158. Equipment/Supplies: Labeled/Inaccessible
- 159. Signed Agreement w/Parent Regarding Equipment
- 160. Materials Discarded Appropriately
- 161. Authorized Prescriber/Parent Permission
- 162. Documentation of Test Results/Actions Taken
- 163. Daily Written Parent Notifications

<b>Signature of OEC Representative</b> <span style="font-size: 1.2em; font-family: cursive;">Carmen E. Valenzuela</span>	<b>Written Corrective Action Plan</b> Due to OEC by: <span style="font-size: 1.2em;">7/5/23</span>	<b>Signature of Person in Charge</b> <span style="font-size: 1.2em; font-family: cursive;">Yilmar Galera</span>
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Print Name: bhanne Dalo Yilmar Galera

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Fun Place Education LLC License # 80027 Date: 6/21/23

Observations/Corrections needed:

- #2 Observed 2 staff without New Staff-Employee Orientation
- #4 Observed 1 child without documentation of behavior management techniques discussed with parents
- #7 Program has no documentation of daily attendance records for children or staff
- #12 Observed menus without dates (3 weeks)
- #19 No documentation of daily attendance from head teacher (less than 60%)
- #26 Program offers breakfast, no dietitian agreements
- #27 No current logs for 3 consultants (Education, Mental Social Service) missing annual review of policies and education program
- #32 Observed 1 child without enrollment form, and 5 enrollment forms are incomplete (missing parent signature child + parent address work address)
- #33 Observed 1 child without emergency medical permission and 2 forms without parent signature
- #34 Observed 1 child without authorized released permission and 2 forms without parent signature
- #37 Observed 1 child without a child health records
- #38 Observed no individual care plan for a child with epinephrine

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: Shanno Dale Carmen Elhagale Jerry Ter

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 7/5/23

Print Name: Ylmarie Colares

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Fun Place Education LLC License # 80027 Date: 6/21/23

Observations/Corrections needed:

- #60 Observed cord not secured (AC)
- #67 Observed water temp exceeding 115° (tested at 135)
- #74 Observed lighting less than 30 c/f in 2 rooms (12 c/f - 6 c/f)
- #82 Observed rust in microwave
- #102 Observed 2 medications without authorized prescriber's form and 1 form with whitout covering date range.
- #103 Observed cough medication and a prescription cream not locked.
- #110 Observed staff leaving room several time, leaving 3 children without a staff (staff from other room supervising)
- #129 Observed infant sleeping in staff arms.
- #135 Observed infant being fed bottle in bouncer seat.
- #136 No feeding schedule observed for any infant.
- #140 Observed 5 bottles ~~not~~ <sup>with</sup> label without child's name.
- #126 Observed 2 children sharing a pack and play to sleep. Pack and play not disinfected between children.

Discussion

- Outside stairs
- ~~3 vt. director~~ <sup>(OK JD)</sup>
- Tiles, stone outside.

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Signature: [Signature]  
 (OEC Representative)  
 Print Name: Johanne Dald Loren Eblanaka

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 7/5/23

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