

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jacqueline Torres/Fun Place Education Date: 8/10/23 Time: 9:40am

Location Address: 154 Standish St Hartford CT Telephone #: 860-995-0553

e-mail address: torresjacqueline76@yahoo.com License #: 80027 Expiration Date: 1/31/2027

Capacity: 6/3 # of Children Present: 3 # of Staff Present: 4

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature: Jacqueline Torres

Purpose of visit: X2023-734 Investigation

Observations/Corrections needed:

(NS) 19a-79-5a(a)(3) injury, illness and accident reports:  
observed a written report of injury that occurred on  
8/8/2023. Form has a parent signature.

(NS) 19a-79-3a(b)(7) Administration: all staff have evidence  
of required new employee orientation and training of  
policies, plans and procedures.

(NS) 19a-79-4a(c)(4)(D) supervision: insufficient  
evidence to support staff failed to provide supervision.

Citations observed during visit:

(S) 19a-79-3a(d)(1) operator failed to have attendance record for  
today updated. one staff failed to sign in, one child not signed in.

(S) 19a-79-3a operator failed to verify completion of  
background checks with access to BCIS or a roster.

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)

CORRECTIVE PLAN SHALL BE RETURNED TO  
OEC BY: 8/24/2023

Signature: Jacqueline Torres  
(Person in Charge)