

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:	Fun Luvin Childcare & Preschool	Date of Inspection:	3-5-25	Time of Arrival:	7:48 am
Address:	362R Middle TPKE W	License Number:	70268	Expiration Date:	10-21-27
Town:	Manchester	Telephone Number:	860-730-3398	Summer Care:	Open
Operator:	Yudysa Fernandez	# of Staff Present:	2	# over 3 Present:	1
Email:	funluvin@funluvindaycare.com	Total Capacity:	36	Total Under 3 capacity:	3
Designated Director:	Jesse Fernandez	Hours/Days of Operation:	M-F 7 ³ -5 ⁴⁵ pm		

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

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a	STAFFING and CONSULTANTS 19a-79-4a cont.
---------------------------------------	-------------------------------------------------

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 10-16-24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher--approved-60%
	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present--age 18 or older
	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
	<input checked="" type="checkbox"/> 27.	RATIOS
	<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group--ratios
	<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision--Indoors/Outdoors
	<input checked="" type="checkbox"/> 29.	GROUP SIZE
	<input checked="" type="checkbox"/> (d)(5)	Group Size--Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(5)(A)	Group Size--school age field trips/outdoors
	<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group--group size
	<input checked="" type="checkbox"/> 30. (e)(1)	Designated director--training
	<input checked="" type="checkbox"/> 31. (f)(1)	CPR certified program staff
	<input checked="" type="checkbox"/> 32. (f)(2)	First aid certified program staff
	<input checked="" type="checkbox"/> 33.	PROFESSIONAL DEVELOPMENT
	<input type="checkbox"/> (a)(2)	Documentation
	<input checked="" type="checkbox"/> (h)(1)(2)	Health & Safety training
	<input checked="" type="checkbox"/> (h)(1)(2)	1% annual hours
	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	SWIMMING ACTIVITIES - Y/N
	<input checked="" type="checkbox"/> (4)(C)(i)	Swimming-Ratios
	<input checked="" type="checkbox"/> (e)(6)	Non-swimmers identified
	<input checked="" type="checkbox"/> (e)(6)	CPR certified staff--age 20 or older
	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Lifeguard--certified--supervising
	<input checked="" type="checkbox"/> (i)	CONSULTANTS
	<input checked="" type="checkbox"/> (i)(2)(A-H)	Consultants-Education, Health, Social Service, Dietitian (N/A)
	<input checked="" type="checkbox"/> (F)	Consultant agreements--signed annually
	<input checked="" type="checkbox"/> (i)(2)	Agreements complete w/required services
	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultant logs--documented activities, observations and required services
		Consultant visits- Education/Health
		Contracts Logs Visits
		Education <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
		Health <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
		Soc. Serv. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
		Dietitian N/A N/A <input checked="" type="checkbox"/>

PROGRAM NAME	Fun Lovin Childcare & Preschool 1	LICENSE NUMBER	70263	DATE OF INSPECTION	3-5-25
---------------------	-----------------------------------	-----------------------	-------	---------------------------	--------

RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
--------------------------------	---------------------------------------

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	37.		<u>PARENT PERMISSIONS</u>	<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
		<input checked="" type="checkbox"/>	Emergency medical permission	<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens (Schl age only- N/A)
		<input checked="" type="checkbox"/>	Authorized release permission	<input checked="" type="checkbox"/>	75.	(d)(4)	Glass and mirrors protected to 36"
		<input checked="" type="checkbox"/>	Field trip permission	<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors
		<input checked="" type="checkbox"/>	Transportation permission				(N/A)
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>	79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports				Matches/lighters inaccessible
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/>	80.	(d)(8)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>	81.	(d)(9)	TOILETING
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases				Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/>	82.		Toileting needs met

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"/>	83.	(d)(10)(A)	Toileting needs met
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>	84.	(d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/>		(d)(10)(D)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		(d)(10)(E)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>		(d)(10)(F)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/>		(d)(10)(G)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>		(d)(10)(H)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>		(d)(11)	AIR TEMPERATURE
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>		(e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>		(e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	59.	(c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>		(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	60.	(c)	<u>FIRST AID SUPPLIES</u> -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"/>		(e)(3)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	61.	(d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/>		(e)(4)	Portable space heaters prohibited

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 10-11-24	<input checked="" type="checkbox"/>	95.	(e)(10)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>		(e)(11)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>		(e)(12)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/>		(e)(13)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/>		(e)(14-15)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/>		(e)(16)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>		(e)(17)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	69.		<u>WATER SUPPLY</u> – Public/Well (Schools-N/A)	<input checked="" type="checkbox"/>		(e)(18)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/>	Lead Water Test – Date: 9-19-24	<input checked="" type="checkbox"/>		(f)(1)(A)	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/>	Bact./Chem Test-Date: NA (N/A)	<input checked="" type="checkbox"/>		(g)(1)	Radon test- Results: 1.2 N/A
		<input checked="" type="checkbox"/>	Drinking water available/accessible	<input checked="" type="checkbox"/>		(g)(2)	Results posted-Date: 9-22-24 (Schls-N/A)
<input checked="" type="checkbox"/>	70.		<u>LEAD PAINT</u> -	<input checked="" type="checkbox"/>		(g)(3)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/>	Peeling Paint – Y/N Inside/Outside	<input checked="" type="checkbox"/>		(g)(4)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/>	Building Pre-78: Y/N Lead Test: Y/N	<input checked="" type="checkbox"/>			Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		<input checked="" type="checkbox"/>	Results NA	<input checked="" type="checkbox"/>			Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		<input checked="" type="checkbox"/>	Lead Management Plan NA	<input checked="" type="checkbox"/>			Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access	<input checked="" type="checkbox"/>			Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME Fun Living Childcare & preschool	LICENSE NUMBER 70268	DATE OF INSPECTION 3-5-25
---------------------------------------------------------	--------------------------------	-------------------------------------

PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/> 108. (g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129. (f)(1)	LINENS/CLOTHING
<input checked="" type="checkbox"/> 109. (g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/> 110. (j)	No weapons/no facsimile of a firearm	<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 111. (h)(1)	OUTDOOR SPACE	<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/> (h)(2)	Adequate space- 75 sq. ft. per child	<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/> (h)(3)	Shock absorbing surfaces-minimum 8"	<input checked="" type="checkbox"/> (g)(1)	SAFE SLEEP
<input checked="" type="checkbox"/> (h)(4)	Playground free from hazards	<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/> (h)(5)	Nuts, bolts, screws-tight, covered/protected	<input checked="" type="checkbox"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/> (h)(6)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/> (h)(8)	New equip- cert playg. Inspection upon request	<input checked="" type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/> (h)(9)	Drinking water available/accessible	<input checked="" type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/> 112. (h)(7)	Equipment arranged for safety-equip/fences/structures not hazardous	<input checked="" type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/> 113. (h)(7)(A)	OUTDOOR PROTECTED/FENCING	<input checked="" type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/> (h)(7)(B)	Playground protected from traffic, water, gullies or other hazards	<input checked="" type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> (h)(7)(C)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/> 114. (i)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input checked="" type="checkbox"/> (h)(1)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/> (i)	Rooftop play areas-6 ft. wall/barrier N/A	<input checked="" type="checkbox"/> (h)(2)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> (i)	WATER HAZARDS	<input checked="" type="checkbox"/> (h)(2)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A	<input checked="" type="checkbox"/> 135. (i)(1)(2A-C)	No toys/objects less than 1 ¼ " diameter
<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input checked="" type="checkbox"/> 136. (j)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible N/A	<input checked="" type="checkbox"/> 137. (l)(1)	Health consultant visits/documentation

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115. (a)	Written daily/weekly educational plan-developmentally appropriate	<input checked="" type="checkbox"/> 138. (l)(2)	FEEDING
<input checked="" type="checkbox"/> 116. (a)	EDUCATIONAL REQUIREMENTS	<input checked="" type="checkbox"/> 139. (l)(3)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/> (1)-(11)	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, physical activity		Written feeding schedule from parent-updated
<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games		Unused formula/milk discarded after feedings

UNDER THREE ENDORSEMENT 19a-79-10 Y/N SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input checked="" type="checkbox"/> 117. (b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140. (b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 118. (c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141. (c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 119. (c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> 142. (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/> 120. (c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<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"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 122. (d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/> 143. (d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 123. (d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> 144. (e)	Ratio- 1:15
<input checked="" type="checkbox"/> 124. (d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 145. (f)	Group size- max. 30
<input checked="" type="checkbox"/> 125. (d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 146. (g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 126. (d)(2)(E)	Refrigerator and food prep facilities		Head teacher approved- 60%
<input checked="" type="checkbox"/> 127. (d)(3)(A-C)	Optional furniture/equip-safe/hazard free		
<input checked="" type="checkbox"/> 128. (e)(1)	DIAPERING		
<input checked="" type="checkbox"/> (e)(2)	Diaper area: elevated/sturdy/safety rail		
<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		
	Cloth diapers-written plan developed		

