

**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 Place Education | Date of Inspection: | 7/2/25 | Time of Arrival: | 12:57 pm |
| Address: | 154 Standish Street | License Number: | 80027 | Expiration Date: | 1-31-27 |
| Town: | Hartford Ct 06114 | Telephone Number: | 860-995-0553 | Summer Care: | Open |
| Operator: | Fun Place Education LLC | # of Staff Present: | 4 | # over 3 Present: | 1 |
| Email: | torresjacqueline7614@gmail.com | Total Capacity: | 12 | Total Under 3 capacity: | 8 |
| Designated Director: | Jacqueline Torres | Hours/Days of Operation: | M-F 8:00am-5:00pm | | |

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

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 | |
|---|--|--|--|
| <input checked="" type="checkbox"/> 1. | (c)(8) Local Health Inspection-Date: 2/4/25 | <input checked="" type="checkbox"/> 19. | (a)(1) Staff health records |
| ADMINISTRATION 19a-79-3a | | <input checked="" type="checkbox"/> 20. | (a)(3) Disciplinary actions |
| <input checked="" type="checkbox"/> 2. | (a) Ensuring health & safety of children | <input checked="" type="checkbox"/> 21. | (b) Comprehensive Background Checks |
| <input checked="" type="checkbox"/> 3. | (b) Overall management of program | <input checked="" type="checkbox"/> 21a. | (b)(2) Past employment history |
| <input checked="" type="checkbox"/> 4. | (b)(6) Employee orientation for new program staff | <input checked="" type="checkbox"/> 22. | (b)(4) Evidence of compliance with bknd cks/history |
| <input checked="" type="checkbox"/> 5. | (b)(6) Annual policy training for program staff | <input checked="" type="checkbox"/> 23. | (d) Adequate staffing |
| <input checked="" type="checkbox"/> 6. | (b)(7)(A) Child behavior management | <input checked="" type="checkbox"/> 24. | (d)(1)-(e)(2) Designated head teacher-approved-60% |
| <input checked="" type="checkbox"/> 7. | (b)(7)(B) Documentation that parents were informed of behavior management techniques | <input checked="" type="checkbox"/> 25. | (d)(2) Two staff present-age 18 or older |
| <input checked="" type="checkbox"/> 8. | (b)(7)(C) Child Protection | <input checked="" type="checkbox"/> 26. | (d)(3)(A-C) Personal qualities of staff |
| <input checked="" type="checkbox"/> 9. | (b)(7)(E) Mandated Reporting | <input checked="" type="checkbox"/> 27. | RATIOS |
| <input checked="" type="checkbox"/> 10. | (c)(1-4) Notification of Change | <input checked="" type="checkbox"/> 28. | (d)(4)(A) Ratio 1:10 - Indoors/Outdoors |
| <input checked="" type="checkbox"/> 11. | POLICIES-COMplete/IMPLEMENTED | <input checked="" type="checkbox"/> 29. | (d)(4)(B) Mixed age group |
| <input checked="" type="checkbox"/> 12. | (d)(2)(A) Discipline policy | <input checked="" type="checkbox"/> 30. | (d)(6) Nap time ratio |
| <input checked="" type="checkbox"/> 13. | (d)(2)(B)(C) Child Protection policy | <input checked="" type="checkbox"/> 31. | (d)(4)(D) Supervision-Indoors/Outdoors |
| <input checked="" type="checkbox"/> 14. | (d)(3) Closing time policy | <input checked="" type="checkbox"/> 32. | GROUP SIZE |
| <input checked="" type="checkbox"/> 15. | (d)(4)(A) Medical emergency policy | <input checked="" type="checkbox"/> 33. | (d)(5) Group Size-Indoors/Outdoors |
| <input checked="" type="checkbox"/> 16. | (d)(4)(B) Multi-Hazards policy-annual drill | <input checked="" type="checkbox"/> 34. | (d)(5)(A) Group Size-school age field trips/outdoors |
| <input checked="" type="checkbox"/> 17. | (d)(5) Supervision policy | <input checked="" type="checkbox"/> 35. | (d)(5)(B) Mixed age group-group size |
| <input checked="" type="checkbox"/> 18. | (d)(6) General Operating policies | <input checked="" type="checkbox"/> 36. | (e)(1) Designated director-training |
| <input checked="" type="checkbox"/> 19. | (d)(6)(C) Administrative Oversight policy | <input checked="" type="checkbox"/> 37. | (f)(1) CPR certified program staff |
| <input checked="" type="checkbox"/> 20. | (d)(7) Personnel policies | <input checked="" type="checkbox"/> 38. | (f)(2) First aid certified program staff |
| <input checked="" type="checkbox"/> 21. | (d)(7)(B) Documentation that parents were informed of behavior management techniques | <input checked="" type="checkbox"/> 39. | PROFESSIONAL DEVELOPMENT |
| <input checked="" type="checkbox"/> 22. | (d)(7)(C) Child Protection | <input checked="" type="checkbox"/> 40. | (a)(2) Documentation of prof. dev/trainings |
| <input checked="" type="checkbox"/> 23. | (d)(7)(E) Mandated Reporting | <input checked="" type="checkbox"/> 41. | (h)(1) Health & Safety training |
| <input checked="" type="checkbox"/> 24. | (c)(1-4) Notification of Change | <input checked="" type="checkbox"/> 42. | (h)(2) 1% annual hours |
| <input checked="" type="checkbox"/> 25. | ACCESS | <input checked="" type="checkbox"/> 43. | SWIMMING ACTIVITIES - Y/N |
| <input checked="" type="checkbox"/> 26. | (f) Immediate access by parents | <input checked="" type="checkbox"/> 44. | (4)(C)(ii-v) Swimming-Ratios |
| <input checked="" type="checkbox"/> 27. | (h) Immediate access by OEC-facility/records | <input checked="" type="checkbox"/> 45. | (4)(C)(i) Non-swimmers identified |
| <input checked="" type="checkbox"/> 28. | (l) 2.8 yr olds in prek-authorization | <input checked="" type="checkbox"/> 46. | (e)(6) CPR certified staff-age 20 or older |
| <input checked="" type="checkbox"/> 29. | (m) Motor vehicle laws-transportation | <input checked="" type="checkbox"/> 47. | (e)(6) Lifeguard-certified-supervising |
| <input checked="" type="checkbox"/> 30. | (n) Capacity | <input checked="" type="checkbox"/> 48. | CONSULTANTS |
| <input checked="" type="checkbox"/> 31. | (o) Respond to OEC-no false, misleading statements or documents | <input checked="" type="checkbox"/> 49. | (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A) |
| <input checked="" type="checkbox"/> 32. | POSTINGS | <input checked="" type="checkbox"/> 50. | (i) - consultant agreements-signed annually-agreements complete w/required services |
| <input checked="" type="checkbox"/> 33. | License posted | <input checked="" type="checkbox"/> 51. | (F) Consultant logs-documented activities, observations and required services |
| <input checked="" type="checkbox"/> 34. | OEC Complaint Procedure posted | <input checked="" type="checkbox"/> 52. | (i)(2) Consultant visits- Education/Health |
| <input checked="" type="checkbox"/> 35. | Administrative Oversight policy | <input checked="" type="checkbox"/> 53. | (H)(i)-(I)(i) |
| <input checked="" type="checkbox"/> 36. | Menus posted | <input checked="" type="checkbox"/> 54. | |
| <input checked="" type="checkbox"/> 37. | No Smoking posted signs at entrances | <input checked="" type="checkbox"/> 55. | |
| <input checked="" type="checkbox"/> 38. | No Smoking posted signs at entrances | <input checked="" type="checkbox"/> 56. | |
| <input checked="" type="checkbox"/> 39. | OEC Inspection report posted or available | <input checked="" type="checkbox"/> 57. | |
| <input checked="" type="checkbox"/> 40. | Dev. Milestones posted | <input checked="" type="checkbox"/> 58. | |
| <input checked="" type="checkbox"/> 41. | Radon Test posted (Schls-N/A) | <input checked="" type="checkbox"/> 59. | |
| <input checked="" type="checkbox"/> 42. | Safe Sleep policy posted | <input checked="" type="checkbox"/> 60. | |

| | Contracts | Logs | Visits |
|------------|-----------|------|-------------------------------------|
| Education | | | |
| Health | | | <input checked="" type="checkbox"/> |
| Soc. Serv. | | | |
| Dietitian | - | - | |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

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|---------------------|---------------------|-----------------------|-------|---------------------------|--------|
| PROGRAM NAME | Fun Place Education | LICENSE NUMBER | 80027 | DATE OF INSPECTION | 7/2/25 |
|---------------------|---------------------|-----------------------|-------|---------------------------|--------|

RECORD KEEPING 19a-79-5a

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|-------------------------------------|-----|---|--|
| <input checked="" type="checkbox"/> | 36. | (a)(1)(A-C) | Children's Enrollment information |
| <input checked="" type="checkbox"/> | 37. | | PARENT PERMISSIONS |
| | | <input type="checkbox"/> (a)(1)(D)(i) | Emergency medical permission |
| | | <input type="checkbox"/> (a)(1)(D)(ii) | Authorized release permission |
| | | <input type="checkbox"/> (a)(1)(D)(iii) | Field trip permission |
| | | <input type="checkbox"/> (a)(1)(D)(iv) | Transportation permission |
| <input checked="" type="checkbox"/> | 38. | (a)(2)(A-B) | Child Health Records |
| <input checked="" type="checkbox"/> | 39. | (a)(2)(C) | Immunization records |
| <input checked="" type="checkbox"/> | 40. | (a)(2)(E) | Individual care plan-signed by parents/staff |
| <input checked="" type="checkbox"/> | 41. | (a)(3)(A) | Injury, Illness, Incident, Accident reports |
| <input checked="" type="checkbox"/> | 42. | (a)(3)(B) | Parent notification of illness or injury |
| <input checked="" type="checkbox"/> | 43. | (a)(3)(C)(i-ii) | Notify OEC of serious injuries, fatality |
| <input checked="" type="checkbox"/> | 44. | (a)(3)(D) | Notify DPH, local health-reportable diseases |
| <input checked="" type="checkbox"/> | 45. | (a)(4) | Video recordings- keep 30 days |

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"/> | 47. | (a)(2) | Nutritious meals and snacks |
| <input checked="" type="checkbox"/> | 48. | (a)(3) | Proper refrigeration-41 degrees |
| <input checked="" type="checkbox"/> | 49. | (a)(4) | Menus-1 wk in advance-keep 3 mths |
| <input checked="" type="checkbox"/> | 50. | (a)(5) | Food Service Inspection <u>2/4/25</u> (N/A) |
| <input checked="" type="checkbox"/> | 51. | (a)(6) | Kitchen-clean/safe storage of food/supplies(N/A) |
| <input checked="" type="checkbox"/> | 52. | (a)(7) | Separate hand washing facilities |
| <input checked="" type="checkbox"/> | 53. | (a)(8) | Multi-use eating/drinking utensils |
| <input checked="" type="checkbox"/> | 54. | (a)(9) | Kitchen separated (N/A) |
| <input checked="" type="checkbox"/> | 55. | (a)(10) | Children supervised during meal prep |
| <input checked="" type="checkbox"/> | 56. | (a)(11) | Handwashing-staff/children |
| <input checked="" type="checkbox"/> | 57. | (b)(1) | Illness procedures-staff knowledgeable, children observed for signs/symptoms |
| <input checked="" type="checkbox"/> | 58. | (b)(2) | Designated isolation area |
| <input checked="" type="checkbox"/> | 59. | <input checked="" type="checkbox"/> (c) | FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips |
| | | <input checked="" type="checkbox"/> (c) | FIRST AID SUPPLIES -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"/> (d) | FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A) |

PHYSICAL PLANT 19a-79-7a

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|-------------------------------------|-----|---|---|
| <input checked="" type="checkbox"/> | 62. | (a)(2) | Fire marshal codes/certificate <u>10/25/24</u> |
| <input checked="" type="checkbox"/> | 63. | (b) | Indoor/Outdoor space inspected/approved |
| <input checked="" type="checkbox"/> | 64. | (b)(1)-(5) | Construction/expansion/renovation/conversion |
| <input type="checkbox"/> | 65. | (b)(6) | Space not inspected/approved but used for field trips-written parent permission |
| <input checked="" type="checkbox"/> | 66. | (c)(2) | Licensed premises-clean, good repair, hazard free, maintenance program |
| <input checked="" type="checkbox"/> | 67. | (c)(3) | Building/Equipment/Furnishings-sanitary, hazard free (N/A) |
| <input checked="" type="checkbox"/> | 68. | (c)(4) | Testing of premises/grounds for chemicals |
| <input checked="" type="checkbox"/> | 69. | | WATER SUPPLY <u>Public Well (Schools-N/A)</u> |
| | | <input checked="" type="checkbox"/> (c)(5)(A) | Lead Water Test - Date: <u>10/23/24</u> |
| | | <input checked="" type="checkbox"/> (c)(5)(B) | Bact./Chem Test-Date: _____ (N/A) |
| | | <input checked="" type="checkbox"/> (c)(5)(C) | Drinking water available/accessible |
| <input checked="" type="checkbox"/> | 70. | <input checked="" type="checkbox"/> (c)(6)(A) | LEAD PAINT - Building Pre-78 <u>YN</u> Lead Test <u>YN</u> Results <u>No lead identified</u> |
| | | <input checked="" type="checkbox"/> (c)(6)(B-D) | Lead Management Plan _____ |
| | | <input checked="" type="checkbox"/> | Peeling Paint - <u>YN</u> Inside/Outside |

PHYSICAL PLANT 19a-79-7a cont.

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|-------------------------------------|-----|--|---|
| <input checked="" type="checkbox"/> | 71. | (d)(1) | Emergency vehicle access |
| <input checked="" type="checkbox"/> | 72. | (d)(2) | Walkways maintained |
| <input checked="" type="checkbox"/> | 73. | (d)(3) | Windows protected to prevent falls |
| <input checked="" type="checkbox"/> | 74. | (d)(3) | Window screens |
| <input checked="" type="checkbox"/> | 75. | (d)(4) | Glass/mirrors protected- 36" |
| <input checked="" type="checkbox"/> | 76. | (d)(5) | Overhead doors-locking devices, spring protectors (N/A) |
| <input checked="" type="checkbox"/> | 77. | (d)(6), (f)(3) | Exits, stairs, hallways unobstructed |
| <input checked="" type="checkbox"/> | 78. | (d)(7) | Individual storage of clothing and bedding |
| <input checked="" type="checkbox"/> | 79. | | SMOKING |
| | | <input checked="" type="checkbox"/> (d)(8) | Smoking, vaping or other electronic nicotine device prohibited on premises/grounds |
| | | <input checked="" type="checkbox"/> (d)(8) | Matches/lighters inaccessible |
| <input checked="" type="checkbox"/> | 81. | (d)(9) | Electrical safety - outlets inaccessible - covered or protected |
| <input checked="" type="checkbox"/> | 82. | | TOILETING |
| | | <input checked="" type="checkbox"/> (d)(10)(A) | Shared toilets/sinks-supervision plan |
| | | <input checked="" type="checkbox"/> (d)(10)(B) | Toileting needs met |
| | | <input checked="" type="checkbox"/> (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected |
| | | <input checked="" type="checkbox"/> (d)(10)(C) | Required toilets/sinks-1:16 |
| | | <input checked="" type="checkbox"/> (d)(10)(E) | Toileting Supplies-Hand drying-Garbage |
| | | <input checked="" type="checkbox"/> (d)(10)(E) | Handwashing staff/children |
| | | <input checked="" type="checkbox"/> (d)(10)(F) | Toilets/sinks located at the facility |
| | | <input checked="" type="checkbox"/> (d)(10)(G) | Well lighted/ventilated toilet rooms |
| | | <input checked="" type="checkbox"/> (d)(10)(H) | Mechanical ventilation (after 1/1/94) (Grp Homes N/A) |
| <input checked="" type="checkbox"/> | 83. | (d)(11) | Staff personal articles inaccessible |
| <input checked="" type="checkbox"/> | 84. | | AIR TEMPERATURE |
| | | <input checked="" type="checkbox"/> (e)(1) | Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall |
| | | <input checked="" type="checkbox"/> (e)(2) | Air temp > 80 °F - ↑ fluids/ventilation |
| | | <input checked="" type="checkbox"/> (e)(3) | Water temperature 60°F-120°F |
| | | <input checked="" type="checkbox"/> (e)(4) | Portable space heaters prohibited |
| | | <input checked="" type="checkbox"/> (e)(5) | WALLS/CEILINGS/FLOORS/RUGS |
| | | <input checked="" type="checkbox"/> (e)(5) | Walls/ceilings/floors/rugs-clean/good repair |
| | | <input checked="" type="checkbox"/> (e)(6) | Rugs- not a tripping/slipping hazard |
| | | <input checked="" type="checkbox"/> (e)(7) | Hot water/Steam pipes protected |
| | | <input checked="" type="checkbox"/> (e)(7) | TELEPHONE/TELEPHONE NUMBERS |
| | | <input checked="" type="checkbox"/> (e)(7) | Working phone on each level |
| | | <input checked="" type="checkbox"/> (e)(7) | Emergency numbers posted-adjacent to phones |
| | | <input checked="" type="checkbox"/> (e)(7) | Parents provided direct on site phone number |
| | | <input checked="" type="checkbox"/> (e)(8) | LIGHTING |
| | | <input checked="" type="checkbox"/> (e)(9) | All areas min. 1 foot candle of lighting |
| | | <input checked="" type="checkbox"/> (e)(9) | Adequate lighting-30/50 candle feet- sufficient lighting to be visible |
| | | <input checked="" type="checkbox"/> (e)(10) | Enough lighting for comfort |
| | | <input checked="" type="checkbox"/> (e)(10) | Light fixtures shielded/shatter proof |
| | | <input checked="" type="checkbox"/> (e)(11) | Potentially hazardous substances, materials labeled, inaccessible |
| | | <input checked="" type="checkbox"/> (e)(12) | Garbage/rubbish-disposed of daily, containers in good repair |
| | | <input checked="" type="checkbox"/> (e)(13) | Stairs-protected/good repair-handrails |
| | | <input checked="" type="checkbox"/> (e)(14-15) | Toxic plants/materials inaccessible |
| | | <input checked="" type="checkbox"/> (e)(16) | Pets or other animals-in good health, written care plan including access to children |
| | | <input checked="" type="checkbox"/> (e)(17) | Measures to prevent vermin |
| | | <input checked="" type="checkbox"/> (e)(18) | Radon test- Results: <u><0.5</u> (Schis-N/A) |
| | | <input checked="" type="checkbox"/> (f)(1)(A) | Carbon monoxide detector-each level N/A |
| | | <input checked="" type="checkbox"/> (g)(1) | Program space-adequate-35 sq. ft. per child |
| | | <input checked="" type="checkbox"/> (g)(1) | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust |
| | | <input checked="" type="checkbox"/> (g)(2) | Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) |
| | | <input checked="" type="checkbox"/> (g)(3) | Air conditioners/water heaters/fuse boxes inaccessible |
| | | <input checked="" type="checkbox"/> (g)(4) | Developmentally app equipment, materials |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

| | | | | | |
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| PROGRAM NAME | <u>Fun Place Education</u> | LICENSE NUMBER | <u>80027</u> | DATE OF INSPECTION | <u>7/2/25</u> |
|---------------------|----------------------------|-----------------------|--------------|---------------------------|---------------|

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

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| <input checked="" type="checkbox"/> | 108. | (g)(5) | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls |
| <input checked="" type="checkbox"/> | 109. | (g)(6) | Indoor climbing play equipment-shock absorbing materials under and around |
| <input checked="" type="checkbox"/> | 110. | (j) | No weapons/no facsimile of a firearm |
| <input checked="" type="checkbox"/> | 111. | | <u>OUTDOOR SPACE</u> |
| <input checked="" type="checkbox"/> | | (h)(1) | Adequate space- 75 sq. ft. per child |
| <input checked="" type="checkbox"/> | | (h)(2) | Shock absorbing surfaces-minimum 8" |
| <input checked="" type="checkbox"/> | | (h)(3) | Playground free from hazards |
| <input checked="" type="checkbox"/> | | (h)(4) | Nuts, bolts, screws-tight, covered/protected |
| <input checked="" type="checkbox"/> | | (h)(5) | Outside equipment anchored-anchors buried |
| <input checked="" type="checkbox"/> | | (h)(6) | New equip- cert playg. Inspection upon request |
| <input checked="" type="checkbox"/> | | (h)(8) | Drinking water available/accessible |
| <input checked="" type="checkbox"/> | | (h)(9) | Equipment arranged for safety-equip/fences/structures not hazardous |
| <input checked="" type="checkbox"/> | 112. | | <u>OUTDOOR PROTECTED/FENCED</u> |
| <input checked="" type="checkbox"/> | | (h)(7) | Playground protected from traffic, water, gullies or other hazards |
| <input checked="" type="checkbox"/> | | (h)(7)(A) | Fences installed to protect from hazards-4 ft |
| <input checked="" type="checkbox"/> | | (h)(7)(B) | Fences installed to protect from water-4 ft, self closing and self latching devices or locks |
| <input checked="" type="checkbox"/> | | (h)(7)(C) | Rooftop play areas-6 ft. wall/barrier (N/A) |
| <input checked="" type="checkbox"/> | 114. | | <u>WATER HAZARDS</u> |
| <input checked="" type="checkbox"/> | | (i) | Pools, swimming areas- (N/A) |
| <input checked="" type="checkbox"/> | | (i) | conforms to 19-13-B33b and 19a-36-B61 |
| <input checked="" type="checkbox"/> | | (i) | Wading pools prohibited |
| <input checked="" type="checkbox"/> | | (i) | Hot tubs/spas/saunas-locked/inaccessible (N/A) |

EDUCATIONAL REQUIREMENTS 19a-79-8a

| | | | |
|-------------------------------------|------|----------|--|
| <input checked="" type="checkbox"/> | 115. | (a) | Written daily/weekly educational plan - developmentally appropriate- available to staff/parents |
| <input checked="" type="checkbox"/> | 116. | (a) | <u>EDUCATIONAL REQUIREMENTS</u> |
| <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, moderate and vigorous physical activity that takes place outdoors |
| <input checked="" type="checkbox"/> | | (b) | Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes |

UNDER THREE ENDORSEMENT 19a-79-10 (Y)N

| | | | |
|-------------------------------------|------|----------------|--|
| <input checked="" type="checkbox"/> | 117. | (b) | Approved Under 3 Endorsement |
| <input checked="" type="checkbox"/> | 118. | (c)(2) | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) |
| <input checked="" type="checkbox"/> | 119. | (c)(3) | Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) |
| <input checked="" type="checkbox"/> | 120. | (c)(4) | Physical barriers separating each group of children- indoors/outdoors |
| <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"/> | 122. | (d)(2)(Ai-iii) | Cribs/Pack-n-Plays -in compliance w/CPSC |
| <input checked="" type="checkbox"/> | 123. | (d)(2)(B) | Washable cots |
| <input checked="" type="checkbox"/> | 124. | (d)(2)(C) | Chairs for feeding-stable base-safety straps-locking tray |
| <input checked="" type="checkbox"/> | 125. | (d)(2)(D) | Dev. appropriate tables/chairs/equipment |
| <input checked="" type="checkbox"/> | 126. | (d)(2)(E) | Refrigerator and food prep facilities |
| <input checked="" type="checkbox"/> | 127. | (d)(3)(A-C) | Optional furniture/equip-safe/hazard free |
| <input checked="" type="checkbox"/> | 128. | | <u>DIAPERING</u> |
| <input checked="" type="checkbox"/> | | (e)(1) | Diaper area: elevated/sturdy/safety rail |

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|-------------------------------------|------|-------------------------------------|--------------|--|
| | 128. | <input checked="" type="checkbox"/> | (e)(2) | <u>DIAPERING cont.</u> |
| | | <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 |
| <input checked="" type="checkbox"/> | 129. | | | <u>Cloth diapers-written plan developed</u> |
| | | <input checked="" type="checkbox"/> | (f)(1) | <u>LINENS/CLOTHING</u> |
| | | <input checked="" type="checkbox"/> | (f)(2) | Linens/emergency clothing available |
| | | <input checked="" type="checkbox"/> | (f)(3) | Linens washed weekly or as needed |
| | | <input checked="" type="checkbox"/> | (f)(4) | Linens/clothing stored individually |
| <input checked="" type="checkbox"/> | 130. | | | Cribs/cots cleaned-linens changed when shared |
| | | <input checked="" type="checkbox"/> | (g)(1) | <u>SAFE SLEEP</u> |
| | | <input checked="" type="checkbox"/> | (g)(1) | Under 12 mths placed on back for sleeping |
| | | <input checked="" type="checkbox"/> | (g)(1) | Crib-snug fitting mattress/tightly fitted sheet |
| | | <input checked="" type="checkbox"/> | (g)(2) | Alternate sleep position/equipment-medical documentation for medical reason on file |
| | | <input checked="" type="checkbox"/> | (g)(3) | Infants allowed to adopt other sleep positions |
| | | <input checked="" type="checkbox"/> | (g)(4) | No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles |
| | | <input checked="" type="checkbox"/> | (g)(5) | No unapproved sleeping-car seats/swings/beds, etc. |
| | | <input checked="" type="checkbox"/> | (g)(6) | No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes |
| | | <input checked="" type="checkbox"/> | (g)(7) | Observe/assess infants at least every 15 minutes |
| | | <input checked="" type="checkbox"/> | (g)(8) | Teething necklaces/bracelets, jewelry inaccessible |
| <input checked="" type="checkbox"/> | 131. | | | Safe sleep policies - parents informed |
| | | <input checked="" type="checkbox"/> | (h)(1) | <u>TOYS AND OTHER OBJECTS</u> |
| | | <input checked="" type="checkbox"/> | (h)(1) | Infant toys-separate/washed/sanitized daily |
| | | <input checked="" type="checkbox"/> | (h)(2) | Toddler toys-washed/sanitized weekly |
| | | <input checked="" type="checkbox"/> | (h)(2) | No toys/objects less than 1 ¼ " diameter |
| | | <input checked="" type="checkbox"/> | (h)(2) | Plastic bags/balloons/styrofoam inaccessible unless under direct supervision |
| | | <input checked="" type="checkbox"/> | (i)(1)(2A-C) | Health consultant visits/documentation |
| | | <input checked="" type="checkbox"/> | (j) | <u>FEEDING</u> |
| | | <input checked="" type="checkbox"/> | (k)(1) | Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle |
| | | <input checked="" type="checkbox"/> | (k)(2) | Written feeding schedule from parent-updated |
| | | <input checked="" type="checkbox"/> | (k)(3) | Unused formula/milk discarded after feedings |
| | | <input checked="" type="checkbox"/> | (k)(4) | Clean bottles/disposable bottles/appvd washing |
| | | <input checked="" type="checkbox"/> | (k)(5) | Baby food served from dish or whole jar |
| | | <input checked="" type="checkbox"/> | (l)(1) | Bottles labeled with child's name |
| <input checked="" type="checkbox"/> | 137. | | | Outdoor spaced fenced-4 ft (lic. after 1/1/25) |
| <input checked="" type="checkbox"/> | 138. | | (l)(2) | Outdoor equipment-developmentally appropriate for ages of the children |
| <input checked="" type="checkbox"/> | 139. | | (l)(3) | Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety |

SCHOOL AGE ENDORSEMENT 19a-79-11 (Y)N

| | | | | |
|-------------------------------------|------|-------------------------------------|-------------------------------|--|
| <input checked="" type="checkbox"/> | 140. | (b) | Approved Schl Age Endorsement | |
| <input checked="" type="checkbox"/> | 141. | | <u>SCHEDULE - ACTIVITIES</u> | |
| | | <input checked="" type="checkbox"/> | (c) | Written daily program plan-flexible schedule- available to staff/parents |
| | | <input checked="" type="checkbox"/> | (c)(1) | Activities not a duplication of child's day |
| | | <input checked="" type="checkbox"/> | (c)(2) | Activities include cognitive, physical, social, emotional needs of the children |
| | | <input checked="" type="checkbox"/> | (c)(3) | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| | | <input checked="" type="checkbox"/> | (d) | Ratio- 1:15 |
| | | <input checked="" type="checkbox"/> | (e) | Group size- max. 30 |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

| | | | | | |
|---------------------|---------------------|-----------------------|-------|---------------------------|--------|
| PROGRAM NAME | Fun Place Education | LICENSE NUMBER | 80027 | DATE OF INSPECTION | 7/2/25 |
|---------------------|---------------------|-----------------------|-------|---------------------------|--------|



| | |
|--|--|
| SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
|--|--|

| | |
|---|--|
| NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | |
|---|--|

| | | | | | |
|--|---------|--|--|-----------|---|
| <input checked="" type="checkbox"/> 145. | (f) | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent | <input checked="" type="checkbox"/> 171. | (a)(1) | Written policies and procedures |
| <input checked="" type="checkbox"/> 146. | (g) | Designated Head teacher approved- 60% | <input checked="" type="checkbox"/> 172. | (b)(1)(A) | STAFF TRAINING |
| | | | | (b)(1)(B) | Staff training – first aid |
| | | | | (i)-(iii) | Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions |
| | | | | (b)(2) | Training updated at least every 3 years |
| | | | | (b)(3) | Written documentation of training |
| | | | | (c)(2) | Trained staff on site when child is present |
| <input checked="" type="checkbox"/> 147. | (b) | Approved Night Care Endorsement | <input checked="" type="checkbox"/> 173. | (c)(3) | Self-administration - written authorization and under supervision of trained staff |
| <input checked="" type="checkbox"/> 148. | (b)(1) | Person in charge-head teacher | | | Equipment provided by parents |
| <input checked="" type="checkbox"/> 149. | (b)(2) | Written plan for program activities- meet individual needs, sleep patterns, quiet activities | <input checked="" type="checkbox"/> 174. | (d)(1) | Equipment labeled and inaccessible |
| | | | <input checked="" type="checkbox"/> 175. | (d)(2) | Signed agreement with parent regarding equipment, supplies, materials to be discarded |
| <input checked="" type="checkbox"/> 150. | (b)(3) | Written plan for supervision including cot placement and evacuation | <input checked="" type="checkbox"/> 176. | (d)(3) | Authorized prescriber written order |
| <input checked="" type="checkbox"/> 151. | (b)(4) | Children in care no more than 12 hrs. in 24 | <input checked="" type="checkbox"/> 177. | (e)(1) | Written authorization from parent |
| <input checked="" type="checkbox"/> 152. | (b)(5) | Staff awake and available | <input checked="" type="checkbox"/> 178. | (e)(2) | Testing results and actions taken – documented and kept on file, ensure parents are notified daily |
| <input checked="" type="checkbox"/> 153. | | SLEEP PROVISIONS | <input checked="" type="checkbox"/> 179. | (e)(3) | |
| | | <input type="checkbox"/> (b)(6) Individual cot/crib with bedding | | | |
| | | <input type="checkbox"/> (b)(6)(A) Sleeping apparel/toiletries labeled | | | |
| | | <input type="checkbox"/> (b)(6)(B) Required bedding | | | |
| | | <input type="checkbox"/> (b)(6)(C) Required toiletries | | | |
| | | <input type="checkbox"/> (b)(6)(D) Bedding/sleeping apparel laundered weekly | | | |
| | | <input type="checkbox"/> (b)(7) Sleep arrangements for infants | | | |
| <input checked="" type="checkbox"/> 154. | (b)(8) | Air temp 65 °F at 3 ft | | | |
| <input checked="" type="checkbox"/> 155. | (b)(9) | Fire marshal approval-hours specified | | | |
| <input checked="" type="checkbox"/> 156. | (b)(10) | Local health approval | | | |

| | |
|---|-----------------------------|
| ADMINISTRATION OF MEDICATIONS 19a-79-9a <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | ADDITIONAL VIOLATION |
|---|-----------------------------|

| | | | | | |
|--|---|---|--|---|---|
| <input checked="" type="checkbox"/> 157. | (9a) | Written medication policies/procedures | <input checked="" type="checkbox"/> 180. | - | Consent Order/Negotiated Corrective Action Plan conditions <input checked="" type="checkbox"/> (N/A) |
| <input checked="" type="checkbox"/> 158. | (9a) | Permit enrollment of children with asthma, allergies, diabetes | | | |
| <input checked="" type="checkbox"/> 159. | | NONPRESC. TOPICAL MEDICATION | | | <p>DISCUSSIONS/COMMENTS</p> <p>"Policy review checklist provided during inspection highlighting changes to the child care center/group child care home regulations effective October 16 2024. Program must ensure policies are updated to reflect new requirements!"</p> <p><i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i></p> |
| | <input checked="" type="checkbox"/> (a)(2) | Admin/Parent permission/report errors | | | |
| | <input checked="" type="checkbox"/> (a)(3)(A-B) | Labeling and Storage | | | |
| | <input checked="" type="checkbox"/> (a)(3)(C) | Unused/expired meds destroyed/returned | | | |
| <input checked="" type="checkbox"/> 160. | | MEDICATION TRAINING | | | |
| | <input checked="" type="checkbox"/> (b)(1)(A/C) | Medication training-general-oral/top/inhalant | | | |
| | <input checked="" type="checkbox"/> (b)(1)(D) | Injectable premeasured autoinjector medication | | | |
| | <input checked="" type="checkbox"/> (b)(1)(E) | Rectal medication | | | |
| | <input checked="" type="checkbox"/> (b)(1)(F) | Injectable other than premeasured auto-injector | | | |
| | <input checked="" type="checkbox"/> (b)(2)(A-B) | Training approval documents/certificates | | | |
| | <input checked="" type="checkbox"/> (b)(2)(C) | Training outline on file | | | |
| <input checked="" type="checkbox"/> 161. | (b)(3)(A-B) | Authorized prescriber/parent permission | | | |
| <input checked="" type="checkbox"/> 162. | (b)(3)(D) | Medication errors- documentation, parent(s) and OEC notification | | | |
| <input checked="" type="checkbox"/> 163. | (b)(4)(A-B) | Medication Administration Records (MAR) | | | |
| <input checked="" type="checkbox"/> 164. | (b)(5)(A-B) | Labeling and Storage | | | |
| <input checked="" type="checkbox"/> 165. | (b)(5)(C) | Emergency medication inaccessible | | | |
| <input checked="" type="checkbox"/> 166. | (b)(5)(D) | Unused/Expired meds-destroyed/returned | | | |
| <input checked="" type="checkbox"/> 167. | (b)(5)(E) | Auto-injector/inhalant equipment | | | |
| <input checked="" type="checkbox"/> 168. | (b)(6) | Self-administration documentation | | | |
| <input checked="" type="checkbox"/> 169. | (b)(7)(A-B) | Petition for special medication authorization | | | |
| <input checked="" type="checkbox"/> 170. | (d) | Potassium Iodide (KI) emergency distribution-permission and storage <input checked="" type="checkbox"/> (N/A) | | | |

| | | | |
|-------------------------------|---|--|--------------------------------------|
| Signature of OEC staff |  |  | Signature of person in charge |
| Printed Name | Johanne Dalo | Dayana Torres | Printed Name |

| | |
|--|---|
| OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov | Inspection shall be posted or available for review upon request. |
| | Written Corrective Action Plan Due by: 7/16/25 |
| | CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/ |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Fun Place Education License # 80027 Date: 7/2/25

Observations/Corrections needed:

→ Program not in compliance when...

#24 Program has no designated Head Teacher. Education consultant did not visit the program. The interim plan in place started 11/20/24.

#35 (i)-(i)(2)(A-H): Observed 1 consultant agreement without the required services (social service)

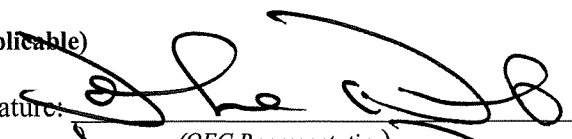
#35 (F): Observed consultant logs not current. 13 consultant logs are missing annual review of policies. (Education)

#41(a)(3)(A): Copies of injury, illness, incident, and accident reports are not given to parent.

#104(g)(1): Observed 2 cubicles not secured.

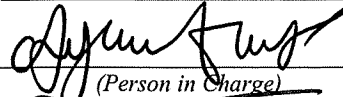
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

Signature: 
(OEC Representative)
Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 7/16/25

Signature: 
(Person in Charge)
Print Name: Dayana Torres