

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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Playful minds Learning Center Date: 9/19/25 Time: 1:15
Location Address: 115A Elm St. Enfield Telephone #: 860-835-5066
e-mail address: Ashley@playfulmindsllc.com License #: 70529 Expiration Date: 11/30/27
Capacity: 67/31 # of Children Present: 28 # 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> <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Follow up to case 2025-824

Observations/Corrections needed:

- Ⓢ 19a-79-9a(b)(3)(B) - Administration of medications -
Authorized prescriber form - program failed to have complete
Medication authorization forms when 1 form was
missing parent signature + contact information.
- Ⓝ 19a-79-9a(b)(5)(A) - Administration of medications - Storage/labeling - in compliance
- Ⓝ 19a-79-9a(b)(5)(D) - Administration of medications - Expired meds - in compliance.
- Ⓝ 19a-79-5a(a)(2)(E) - record keeping - Individual care plans - in compliance
- Ⓢ 19a-79-7a(e)(5) - physical plant - Carpets - program failed to
ensure that carpets do not pose a slipping + or tripping
hazard when 4 carpets in preschool pose a hazard.

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: 9/23/25

Signature: [Signature]
(OEC Representative)

Print Name: Kristi Morgan

Signature: [Signature]
(Person in Charge)

Print Name: Ashley A. Hrycaj