

**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 II LLC | Date of Inspection:      | 6/11/26      | Time of Arrival:        | 10:03 am              |
| Address:             | 1725 Main St.              | License Number:          | Pending      | Expiration Date:        | —                     |
| Town:                | East Hartford Ct 06108     | Telephone Number:        | 860-816-5070 | Summer Care:            | open                  |
| Operator:            | Fun Place Education II LLC | # of Staff Present:      |              | # over 3 Present:       |                       |
| Email:               | info@funplaceeducation.com | Total Capacity:          | 12           | Total Under 3 capacity: |                       |
| Designated Director: | Dayana Torres              | Hours/Days of Operation: |              |                         | M-F 7:00 am - 5:30 pm |

Instruction Codes: √ = Regulation in Compliance O = 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**

1. (c)(8) Local Health Inspection-Date: 3/18/26

**ADMINISTRATION 19a-79-3a**

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. POLICIES-COMplete/IMPLEMENTED
  - (d)(2)(A) Discipline policy
  - (d)(2)(B)(C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. ACCESS
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds in prek-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
  - 3a(e)(1) License posted
  - 3a(e)(2) OEC Complaint Procedure posted
  - 3a(d)(6)(C) Administrative Oversight policy
  - 3a(e)(3) Menus posted
  - 3a(e)(4) No Smoking posted signs at entrances
  - 3a(e)(5) OEC Inspection report posted or available
  - 3a(e)(6) Dev. Milestones posted
  - 7a(e)(17) Radon Test posted (Schls-N/A)
  - 10(g)(8) Safe Sleep policy posted

**STAFFING and CONSULTANTS 19a-79-4a**

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)-(e)(2)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- (d)(4)(B)
- (d)(6)
- (d)(4)(D)
- 28.
- 29. (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33. (a)(2)
- (h)(1)
- (h)(2)
- 34. (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- 35. (i)(1)(A)-(D)
- (i) -
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

Staff health records  
Disciplinary actions  
Comprehensive Background Checks  
Past employment history  
Evidence of compliance with bknd cks/history  
Adequate staffing  
Designated head teacher—approved-60%  
Two staff present—age 18 or older  
Personal qualities of staff  
RATIOS  
Ratio 1:10 – Indoors/Outdoors  
Mixed age group  
Nap time ratio  
Supervision—Indoors/Outdoors  
GROUP SIZE  
Group Size—Indoors/Outdoors  
Group Size—school age field trips/outdoors  
Mixed age group—group size  
Designated director-training  
CPR certified program staff  
First aid certified program staff  
PROFESSIONAL DEVELOPMENT  
Documentation of prof. dev/trainings  
Health & Safety training  
1% annual hours  
SWIMMING ACTIVITIES - Y/N  
Swimming-Ratios  
Non-swimmers identified  
CPR certified staff—age 20 or older  
Lifeguard—certified—supervising  
CONSULTANTS  
Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)  
Consultant agreements—signed annually—agreements complete w/required services  
Consultant logs—documented activities, observations and required services  
Consultant visits- Education/Health

|            | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education  | ✓         | ✓    | ✓      |
| Health     | ✓         | ✓    | ✓      |
| Soc. Serv. | ✓         | ✓    | ✓      |
| Dietitian  | —         | —    | —      |

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

|                     |                        |                       |         |                           |         |
|---------------------|------------------------|-----------------------|---------|---------------------------|---------|
| <b>PROGRAM NAME</b> | Fun Place Education II | <b>LICENSE NUMBER</b> | Pending | <b>DATE OF INSPECTION</b> | 6/11/26 |
|---------------------|------------------------|-----------------------|---------|---------------------------|---------|

**RECORD KEEPING 19a-79-5a**

|                                     |     |  |  |
|-------------------------------------|-----|--|--|
| <input checked="" type="checkbox"/> | 36. | (a)(1)(A-C)  | Children's Enrollment information            |
| <input checked="" type="checkbox"/> | 37. |  | <b>PARENT PERMISSIONS</b>                    |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (a)(1)(D)(i)   | Emergency medical permission                 |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (a)(1)(D)(ii)  | Authorized release permission                |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (a)(1)(D)(iii) | Field trip permission                        |
| <input checked="" type="checkbox"/> |     | <input checked="" 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 (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) | <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips  |
|                                     |     | <input checked="" type="checkbox"/> (c) | <b>FIRST AID SUPPLIES</b> -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) | <b>FIRST AID SUPPLIES</b> -addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)  |

**PHYSICAL PLANT 19a-79-7a**

|                                     |     |   |   |
|-------------------------------------|-----|---|---|
| <input checked="" type="checkbox"/> | 62. | (a)(2)  | Fire marshal codes/certificate 3/27/26  |
| <input checked="" type="checkbox"/> | 63. | (b)   | Indoor/Outdoor space inspected/approved   |
| <input checked="" type="checkbox"/> | 64. | (b)(1)-(5)                                      | Construction/expansion/renovation/conversion                                    |
| <input checked="" 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. |   | <b>WATER SUPPLY</b> - Public/Well (Schools-N/A)                                 |
|                                     |     | <input checked="" type="checkbox"/> (c)(5)(A)   | Lead Water Test - Date: 8/20/25   |
|                                     |     | <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. |   | <b>LEAD PAINT</b> -   |
|                                     |     | <input checked="" type="checkbox"/> (c)(6)(A)   | Building Pre-78 Y/N Lead Test Y/N Results lead identified                       |
|                                     |     | <input checked="" type="checkbox"/> (c)(6)(B-D) | Lead Management Plan yes.   |
|                                     |     | <input checked="" type="checkbox"/>             | Peeling Paint - Y/N Inside/Outside  |

**PHYSICAL PLANT 19a-79-7a cont.**

|                                     |     |  |   |
|-------------------------------------|-----|--|---|
| <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. |  | <b>SMOKING</b>  |
|                                     |     | <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. |  | <b>TOILETING</b>  |
|                                     |     | <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)   |
|                                     |     | (d)(11)  | Staff personal articles inaccessible  |
|                                     |     | <input checked="" type="checkbox"/> (e)(1)     | <b>AIR TEMPERATURE</b>  |
|                                     |     | <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   |
|                                     |     | (e)(3)   | Water temperature 60°F-120°F  |
|                                     |     | (e)(4)   | Portable space heaters prohibited   |
|                                     |     | <input checked="" type="checkbox"/> (e)(5)     | <b>WALLS/CEILINGS/FLOORS/RUGS</b>   |
|                                     |     | <input checked="" type="checkbox"/> (e)(5)     | Walls/ceilings/floors/rugs-clean/good repair  |
|                                     |     | (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)     | <b>TELEPHONE/TELEPHONE NUMBERS</b>  |
|                                     |     | <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)     | <b>LIGHTING</b>   |
|                                     |     | (e)(9)   | All areas min. 1 foot candle of lighting  |
|                                     |     | (e)(9)   | Adequate lighting-30/50 candle feet-sufficient lighting to be visible                               |
|                                     |     | <input checked="" type="checkbox"/> (e)(9)     | Enough lighting for comfort   |
|                                     |     | <input checked="" type="checkbox"/> (e)(9)     | Light fixtures shielded/shatter proof   |
|                                     |     | (e)(10)  | Potentially hazardous substances, materials labeled, inaccessible                                   |
|                                     |     | <input checked="" type="checkbox"/> (e)(11)    | Garbage/rubbish-disposed of daily, containers in good repair  |
|                                     |     | (e)(12)  | Stairs-protected/good repair-handrails  |
|                                     |     | (e)(13)  | Toxic plants/materials inaccessible   |
|                                     |     | (e)(14-15)                                     | Pets or other animals-in good health, written care plan including access to children                |
|                                     |     | (e)(16)  | Measures to prevent vermin  |
|                                     |     | (e)(17)  | Radon test- Results: 2/10/25 - <0.4 (Schls-N/A)   |
|                                     |     | (e)(18)  | Carbon monoxide detector-each level N/A   |
|                                     |     | (f)(1)(A)                                      | Program space-adequate-35 sq. ft. per child   |
|                                     |     | (g)(1)   | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust |
|                                     |     | (g)(2)   | Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)                        |
|                                     |     | (g)(3)   | Air conditioners/water heaters/fuse boxes inaccessible  |
|                                     |     | (g)(4)   | Developmentally app equipment, materials  |

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|                     |                            |                       |         |                           |         |
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|---------------------|----------------------------|-----------------------|---------|---------------------------|---------|

|                                       |  |
|---------------------------------------|--|
| <b>PHYSICAL PLANT 19a-79-7a cont.</b> | <b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b> |
|---------------------------------------|--|

|                                     |      |           |  |
|-------------------------------------|------|-----------|--|
| <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"/> | 114. | (h)(7)(C) | Rooftop play areas-6 ft. wall/barrier (N/A)  |
| <input checked="" type="checkbox"/> |      |           | <u>WATER HAZARDS</u>   |
| <input checked="" type="checkbox"/> |      | (i)       | Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)                           |
| <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   |

|      |                                     |              |   |
|------|-------------------------------------|--------------|---|
| 128. | <input checked="" type="checkbox"/> | (e)(2)       | <b>DIAPERING cont.</b><br>Diaper area: used only for this purpose, located in the program area<br>Diaper area: non-porous surface/good repair<br>Diaper area: washed/disinfected after use<br>Diaper area: disposable paper sheets<br>Covered waste receptacle-removed daily<br>Handwashing-staff/children<br>Diapering-Handwashing policies-posted/followed<br>Cloth diapers-written plan developed  |
|      | <input checked="" type="checkbox"/> | (e)(3)       |   |
|      | <input checked="" type="checkbox"/> | (e)(4)       |   |
|      | <input checked="" type="checkbox"/> | (e)(5)       |   |
|      | <input checked="" type="checkbox"/> | (e)(6-9)     |   |
|      | <input checked="" type="checkbox"/> | (e)(7)       |   |
|      | <input checked="" type="checkbox"/> | (e)(8)       |   |
|      | <input checked="" type="checkbox"/> | (e)(10)(A-C) |   |
| 129. | <input checked="" type="checkbox"/> | (f)(1)       |   |
|      | <input checked="" type="checkbox"/> | (f)(2)       |   |
|      | <input checked="" type="checkbox"/> | (f)(3)       |   |
|      | <input checked="" type="checkbox"/> | (f)(4)       |   |
| 130. | <input checked="" type="checkbox"/> | (g)(1)       | <b>LINENS/CLOTHING</b><br>Linens/emergency clothing available<br>Linens washed weekly or as needed<br>Linens/clothing stored individually<br>Cribs/cots cleaned-linens changed when shared<br><b>SAFE SLEEP</b><br>Under 12 mths placed on back for sleeping<br>Crib-slug fitting mattress/tightly fitted sheet<br>Alternate sleep position/equipment-medical documentation for medical reason on file<br>Infants allowed to adopt other sleep positions<br>No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles<br>No unapproved sleeping-car seats/swings/beds, etc.<br>No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes<br>Observe/assess infants at least every 15 minutes<br>Teething necklaces/bracelets, jewelry inaccessible<br>Safe sleep policies - parents informed<br><b>TOYS AND OTHER OBJECTS</b><br>Infant toys-separate/washed/sanitized daily<br>Toddler toys-washed/sanitized weekly<br>No toys/objects less than 1 ¼ " diameter<br>Plastic bags/balloons/styrofoam inaccessible unless under direct supervision<br>Health consultant visits/documentation<br><b>FEEDING</b><br>Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle<br>Written feeding schedule from parent-updated<br>Unused formula/milk discarded after feedings<br>Clean bottles/disposable bottles/appvd washing<br>Baby food served from dish or whole jar<br>Bottles labeled with child's name<br>Outdoor spaced fenced-4 ft (lic. after 1/1/25)<br><br>Outdoor equipment-developmentally appropriate for ages of the children<br><br>Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety |
|      | <input checked="" type="checkbox"/> | (g)(1)       |   |
|      | <input checked="" type="checkbox"/> | (g)(1)       |   |
|      | <input checked="" type="checkbox"/> | (g)(1)       |   |
|      | <input checked="" type="checkbox"/> | (g)(2)       |   |
|      | <input checked="" type="checkbox"/> | (g)(3)       |   |
|      | <input checked="" type="checkbox"/> | (g)(4)       |   |
|      | <input checked="" type="checkbox"/> | (g)(5)       |   |
|      | <input checked="" type="checkbox"/> | (g)(6)       |   |
|      | <input checked="" type="checkbox"/> | (g)(7)       |   |
|      | <input checked="" type="checkbox"/> | (g)(8)       |   |
| 131. | <input checked="" type="checkbox"/> | (h)(1)       |   |
|      | <input checked="" type="checkbox"/> | (h)(1)       |   |
|      | <input checked="" type="checkbox"/> | (h)(2)       |   |
|      | <input checked="" type="checkbox"/> | (h)(2)       |   |
| 135. | <input checked="" type="checkbox"/> | (i)(1)(2A-C) |   |
| 136. | <input checked="" type="checkbox"/> | (j)          |   |
|      | <input checked="" type="checkbox"/> | (k)(1)       |   |
|      | <input checked="" type="checkbox"/> | (k)(2)       |   |
|      | <input checked="" type="checkbox"/> | (k)(3)       |   |
|      | <input checked="" type="checkbox"/> | (k)(4)       |   |
|      | <input checked="" type="checkbox"/> | (k)(5)       |   |
| 137. | <input checked="" type="checkbox"/> | (l)(1)       |   |
| 138. | <input checked="" type="checkbox"/> | (l)(2)       |   |
| 139. | <input checked="" type="checkbox"/> | (l)(3)       |   |

**SCHOOL AGE ENDORSEMENT 19a-79-11** Y/N

|                                     |                                     |        |   |
|-------------------------------------|-------------------------------------|--------|---|
| <input checked="" type="checkbox"/> | 140.                                | (b)    | <b>Approved Schl Age Endorsement</b><br><u>SCHEDULE - ACTIVITIES</u><br>Written daily program plan-flexible schedule-available to staff/parents<br>Activities not a duplication of child's day<br>Activities include cognitive, physical, social, emotional needs of the children<br>Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events<br>Ratio- 1:15<br>Group size- max. 30 |
| <input checked="" type="checkbox"/> | 141.                                | (c)    |   |
|                                     |                                     | (c)(1) |   |
|                                     |                                     | (c)(2) |   |
|                                     |                                     | (c)(3) |   |
|                                     |                                     | (d)    |   |
| 143.                                | <input checked="" type="checkbox"/> | (e)    |   |
| 144.                                | <input checked="" type="checkbox"/> | (e)    |   |

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

|   |                            |   |         |                           |         |
|---|----------------------------|---|---------|---------------------------|---------|
| <b>PROGRAM NAME</b>                     | Fun Place Education II LLC | <b>LICENSE NUMBER</b>                   | Pending | <b>DATE OF INSPECTION</b> | 6/11/26 |
| <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> | Y/N                        | <b>MONITORING OF DIABETES 19a-79-13</b> |         |                           |         |

|                                     |      |     |   |
|-------------------------------------|------|-----|---|
| <input checked="" type="checkbox"/> | 145. | (f) | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent |
| <input checked="" type="checkbox"/> | 146. | (g) | Designated Head teacher approved- 60%   |

**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N**

|                                     |      |           |  |
|-------------------------------------|------|-----------|--|
| <input checked="" type="checkbox"/> | 147. | (b)       | Approved Night Care Endorsement  |
| <input type="checkbox"/>            | 148. | (b)(1)    | Person in charge-head teacher  |
| <input type="checkbox"/>            | 149. | (b)(2)    | Written plan for program activities- meet individual needs, sleep patterns, quiet activities |
| <input type="checkbox"/>            | 150. | (b)(3)    | Written plan for supervision including cot placement and evacuation                          |
| <input type="checkbox"/>            | 151. | (b)(4)    | Children in care no more than 12 hrs. in 24  |
| <input type="checkbox"/>            | 152. | (b)(5)    | Staff awake and available  |
| <input type="checkbox"/>            | 153. |           | <b>SLEEP PROVISIONS</b>  |
| <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 type="checkbox"/>            | 154. | (b)(8)    | Air temp 65 °F at 3 ft   |
| <input type="checkbox"/>            | 155. | (b)(9)    | Fire marshal approval-hours specified  |
| <input type="checkbox"/>            | 156. | (b)(10)   | Local health approval  |

|                                     |      |                                     |   |
|-------------------------------------|------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 171. | (a)(1)                              | Written policies and procedures<br><b>STAFF TRAINING</b><br>Staff training – first aid<br>Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions |
| <input checked="" type="checkbox"/> | 172. |                                     |   |
| <input checked="" type="checkbox"/> |      | (b)(1)(A)<br>(b)(1)(B)<br>(i)-(iii) |   |
| <input checked="" type="checkbox"/> |      | (b)(2)                              | Training updated at least every 3 years   |
| <input checked="" type="checkbox"/> |      | (b)(3)                              | Written documentation of training   |
| <input checked="" type="checkbox"/> |      | (c)(2)                              | Trained staff on site when child is present   |
| <input checked="" type="checkbox"/> | 173. | (c)(3)                              | Self-administration - written authorization and under supervision of trained staff  |
| <input checked="" type="checkbox"/> | 174. | (d)(1)                              | Equipment provided by parents   |
| <input checked="" type="checkbox"/> | 175. | (d)(2)                              | Equipment labeled and inaccessible  |
| <input checked="" type="checkbox"/> | 176. | (d)(3)                              | Signed agreement with parent regarding equipment, supplies, materials to be discarded   |
| <input checked="" type="checkbox"/> | 177. | (e)(1)                              | Authorized prescriber written order   |
| <input checked="" type="checkbox"/> | 178. | (e)(2)                              | Written authorization from parent   |
| <input checked="" type="checkbox"/> | 179. | (e)(3)                              | Testing results and actions taken – documented and kept on file, ensure parents are notified daily  |

**ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N**

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| <input checked="" type="checkbox"/> | 157. | (9a)        | Written medication policies/procedures                                    |
| <input checked="" type="checkbox"/> | 158. | (9a)        | Permit enrollment of children with asthma, allergies, diabetes            |
| <input checked="" type="checkbox"/> | 159. |             | <b>NONPRESC. TOPICAL MEDICATION</b>                                       |
| <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. |             | <b>MEDICATION TRAINING</b>  |
| <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 (N/A) |

**ADDITIONAL VIOLATION**

|                                     |      |   |  |
|-------------------------------------|------|---|--|
| <input checked="" type="checkbox"/> | 180. | - | Consent Order/Negotiated Corrective Action Plan conditions (N/A) |
|-------------------------------------|------|---|--|

**DISCUSSIONS/COMMENTS**

→ See Supplemental Report.

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

|                               |                             |
|-------------------------------|-----------------------------|
| <b>Signature of OEC staff</b> | [Signature]                 |
| <b>Printed Name</b>           | Shanne Lehr<br>Melissa Lehr |

|                                      |               |
|--------------------------------------|---------------|
| <b>Signature of person in charge</b> | [Signature]   |
| <b>Printed Name</b>                  | Dayana Torres |

**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](http://www.ctoec.org/licensing) Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov)

|  |  |
|--|--|
| Inspection shall be posted or available for review upon request. |  |
| Written Corrective Action Plan Due by: <i>Prm to open</i>        | CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a> |

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Fun Place Education License # Pending Date: 6/11/26  
" LLC

Observations/Corrections needed:

All items on the inspection form were discussed and/or observed.

Program not in compliance when:

#86 water temp: observed water temperature exceeding 120° in under three classroom and bathroom (126.2 & 128.5)

#94 Lighting: observed lighting measuring less than 50c/f (close work) in infant and toddler rooms (30c/f & 35c/f)

#97: Stairs protected: observed the stairs leading to playground not protected

#104: Equipment safe: observed 1 play furniture not secured.

#128: Diaper area porous surface: observed ripped mat on changing table.

#11: Policies: Incomplete policies

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: Jhanna Dabo / Melissa Lohr  
 (OEC Representative)

Print Name: Jhanna Dabo / Melissa Lohr

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Dayana Torres  
 (Person in Charge)

OEC BY: prior to opening

Print Name: Dayana Torres

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Fun Place Education License # Pending Date: 6/11/26  
11 LLC

Observations/Corrections needed:

Measurements:

Preschool room:  $(13.06 \times 20.75) = 270.99 \div 35 = 7.7$   
OK for 7 children

Under three room:  $(15.39 \times 13.0) + (11.34 \times 11.72) + (5.32 \times 6.38)$   
 $+ (3.05 \times 7.97) + (10.24 \times 9.27) = 486.04$   
 $486.04 - (1.69 \times 0.45) - (2.06 \times 4.07) - (2.56 \times 2.43) -$   
 $(2.05 \times 1.39) =$  Table Fridge  
wall inf  
wall

$486.04 - 18.21 = 467.83 \div 35 = 13.36$   
OK for 8 under 3

Playground:  $37 \times 16.5 = 610.5 \div 75 = 8.14$   
OK for 8

Total Capacity 12 including 8 under 3

- Needed: updated lead management plan.

- 3 sinks
- 2 toilets

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] Melissa Lohr  
(OEC Representative)  
Print Name: Johanne Dalo Melissa Lohr

CORRECTIVE PLAN SHALL BE RETURNED TO

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

OEC BY: prior to opening

## SQUARE FOOTAGE REPORT

Specialist Initials: JD

Fun Place Education II LLC  
(Name of Program)

Pending  
(License Number)

6/11/26  
(Date of Measurements)

**35 sq/ft indoor space** \*Centers/Group: 30 sq/ft licensed prior 1986 **75 sq/ft outdoor space**

### INDOOR SPACE

Room (Name/Number): Preschool Room Under 3?  Ages: Preschool

Room Measurements:

(13.06 x 20.75) + (      x      ) + (      x      ) + (      x      ) + (      x      )

Totals 270.99

Total A: 270.99

Deductions: ( 0 x 0 ) + (      x      ) + (      x      ) + (      x      )

Totals 0

Total B: 0

Description \_\_\_\_\_

270.99 minus 0 = 270.99 ÷ 35(30) = 7.7

OK for 7 children

Total A      Total B      Sq. Footage

Room (Name/Number): Under 3 Room Under 3?  Ages: \_\_\_\_\_

Room Measurements:

(15.39 x 13) + (11.34 x 11.72) + (5.32 x 6.36) + (3.05 x 7.97) + (10.24 x 9.27)

Totals 200.07

132.90

33.84

24.31

94.92

Total A: 486.04

Deductions: (1.69<sup>wall inf.</sup> x 0.45) + (2.06<sup>table</sup> x 4.07) + (2.56<sup>fridge</sup> x 2.43) + (2.05<sup>wall</sup> x 1.39)

Totals .76

8.38

6.22

2.85

Total B: 18.21

Description \_\_\_\_\_

486.04 minus 18.21 = 467.83 ÷ 35(30) = 13.37

OK for 8 children

Total A      Total B      Sq. Footage

Room (Name/Number): \_\_\_\_\_ Under 3?  Ages: \_\_\_\_\_

Room Measurements:

(      x      ) + (      x      ) + (      x      ) + (      x      ) + (      x      )

Totals \_\_\_\_\_

Total A: \_\_\_\_\_

Deductions: (      x      ) + (      x      ) + (      x      ) + (      x      )

Totals \_\_\_\_\_

Total B: \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_ minus \_\_\_\_\_ = \_\_\_\_\_ ÷ 35(30) = \_\_\_\_\_

OK for \_\_\_\_\_ children

Total A      Total B      Sq. Footage

**OUTDOOR SPACE (Not counted in capacity)**

Under 3?  Ages: preschool

Playground 1:  $(37 \times 16.5) + (\text{ } \times \text{ }) + (\text{ } \times \text{ })$

Totals 610.5 \_\_\_\_\_ Total: 610.5

$610.5 \div 75 = 8.14$   
Total Sq. Footage

Total Square Feet 8.14  
OK for 8 children

**Playground 2:**

Under 3? \_\_\_\_\_ Ages: \_\_\_\_\_

N/A

$(\text{ } \times \text{ }) + (\text{ } \times \text{ }) + (\text{ } \times \text{ })$

Totals \_\_\_\_\_ Total: \_\_\_\_\_

\_\_\_\_\_  $\div 75 =$  \_\_\_\_\_  
Total Sq. Footage

OK for \_\_\_\_\_ children

**Playground 3:**

Under 3? \_\_\_\_\_ Ages: \_\_\_\_\_

N/A

$(\text{ } \times \text{ }) + (\text{ } \times \text{ }) + (\text{ } \times \text{ })$

Totals \_\_\_\_\_ Total: \_\_\_\_\_

\_\_\_\_\_  $\div 75 =$  \_\_\_\_\_  
Total Sq. Footage

OK for \_\_\_\_\_ children

Express the figure as whole number by rounding decimals down.

\* If a space is divided by shelving, measurement is taken from the back of shelves if children have access to materials on shelves. If not, measurement is taken from the front of the shelves.

**Center/Group:**

\*Total of toilets for children: 1

Shared bathroom (staff/children) Yes?  No? \_\_\_\_\_

\*Total of sinks for children: 3

If yes, supervision plan required.

\* 1 toilet and 1 sink for every 16 children (For programs serving children under 6 years of age)

\* 1 toilet and 1 sink for every 25 children (For programs serving school age ONLY)

**CENTER/GROUP**



**TOTAL CAPACITY**

12 (includes U3)

8 UNDER 3 CAPACITY

Specialist: Melissa Lohr  
(name)