

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](http://www.ctoec.org) Fax (860)326-0552

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Fun Place Education II LLC Date: 6/18/20 Time: 8:00am  
Location Address: 1725 Main St. East Hartford Telephone #: 860-816-5070  
e-mail address: ~~FunPlaceEd~~ info@funplaceeducation.com License #: Pending Expiration Date: —  
Capacity: 12 # of Children Present: — # of Staff Present: —

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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. Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Follow up inspection.

Observations/Corrections needed:

- 19a-79-3a(d)(2)-(7): Policies → In compliance at time of visit.
- 19a-79-7a(e)(3): Water Temp → In compliance at time of visit.
- 19a-79-7a(e)(12): Stairs → In compliance at time of visit.
- 19a-79-7a(g)(1): Equipment → In compliance at time of visit.
- 19a-79-10(e)(1-10): Diapering → In compliance at time of visit.

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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)  
Print Name: Johanne Dalo  
Signature: [Signature]  
(Person in Charge)  
Print Name: Dayana Torres