

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool Date: 8/5/21 Time: 10:10

Location Address: 20 Augur St. Telephone #: 203 562-5840

e-mail address: sunshinepreschl@gmail.com License #: 16611 Expiration Date: 9/30/22

Capacity: 39/28 # of Children Present: 29/15 # of Staff Present: 7

<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: Investigation 2021-486

Observations/Corrections needed:

PIC: Rachael Judson

(NS) 19a-79-3a(a) Administration, ensure safety, health + development of children in care

Unable to substantiate that operator failed to clean/disinfect space or failed to inform parents/health dept of <sup>COVID</sup> exposure.

Other:

(S) 19a-79-10(g)(3) Under three endorsement, sleep arrangements. Operator failed to keep gas trapping object out of crib during nap when one infant was observed to be waking from nap with a cloth bib around the neck.

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: 8/19/2021

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Rachael Judson  
(Person in Charge)

Print Name: Rachael Judson