

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool Date: 8/13/21 Time: 1:30

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

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

Capacity: 41/21 # of Children Present: 24 # of Staff Present: 7

**Consent to Inspect
Family Child Care Home**

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 _____

Purpose of visit: Follow-up to investigation 2021-486 on 8/5/21

Observations/Corrections needed:

(NS) 19a-79-10(g)(3) Under three endorsement, sleep arrangements
Operator did not have any infants under
one year present at this visit. Safe sleep
reviewed with infant room staff according
to director.

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: N/A

Signature: Karen Hicks

(OEC Representative)

Print Name: Karen Hicks

Signature: Rachael Judson

(Person in Charge)

Print Name: Rachael Judson