

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool Date: 12/3/21 Time: 9:45 AM

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

e-mail address: sunshinepre^{sch}@gmail.com License #: 116641 Expiration Date: 9/30/22

Capacity: 41/21 # of Children Present: 28 # of Staff Present: 10

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 <u>N/A</u>
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Purpose of visit: Complaint Investigation Case 2021-853

Observations/Corrections needed:

(S) 19a-79-5a(a)(3) - Record Keeping - Injury, Illness, Accident Reports - Staff failed to provide an injury/illness report to a parent of a child who was sent home due to a suspected food allergy.

(NS) 19a-79-4a(c)(4)(D) - Staffing - Supervision - No evidence to suggest that staff fell asleep in the classroom and were not supervising the children any time.

(NS) 19a-79-3a(a) - Administration - Ensuring the health, safety and development of children - No evidence to substantiate that staff are not applying diaper cream to children with diaper rash.

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: 12/17/21

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Rachael Judson