

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool Date: 1/28/22 Time: 12:50
Location Address: 20 Augur St. Hamden Telephone #: 203 562-5840
e-mail address: sunshinepreschl@gmail.com License #: 14611 Expiration Date: 9/30/22
Capacity: 39/28 # of Children Present: 26 # of Staff Present: 9

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 _____
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Purpose of visit: Partial inspection

Observations/Corrections needed:

NS 19a-79-10(g)(3) Under three endorsement, sleep arrangements
Operator in compliance with safe sleep at this
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: Karen Hicks
Signature: [Signature]
(Person in Charge)
Print Name: Rachael Judson

8:1 3:1 6:2 3:1 6:3