

Post for 30  
Operating  
Days

Connecticut Office of Early Childhood  
450 Columbus Boulevard, Suite 302 Hartford, CT 06103  
Phone (800)-282-6063 Fax (860)-326-0552

### CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Sunshine Preschool and Child Care</u>	License Number: <u>8DDD9</u>	Date of Inspection: <u>6-16-22</u>	Time of Arrival: <u>9:03</u>
Address: <u>409 Wall St</u>	Expiration Date: <u>12-31-23</u>	Licensed Capacity: <u>12</u>	Under 3 Capacity: <u>6</u>
Town: <u>Meriden CT 06450</u>	Telephone: <u>203-440-0794</u>	# of children present: <u>12</u>	# of staff present: <u>3</u>
Operator: <u>Sunshine Preschool, Child Care Inc.</u>	Director: <u>Johanna Gutierrez</u>		
Email: <u>Sunshine.meriden@hotmail.com</u>	Head Teacher: <u>Luz Diaz</u>		
Hours of Operation: <u>M-F 5:00 am - 5:00 pm</u>	Summer Care: <u>Open</u>		
Ages Served: <u>6 weeks - 12 years</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			

- Licensure Procedures 19a-79-2a**  
 1. Local Health Date: 3-17-20
- Administration 19a-79-3a**  
 2. New Staff-Employee Orientation  
 3. Annual Staff Policy Training  
 4. Documentation of Behavior M. Tech Discussed w/Parents  
 5. Notification of Change  
 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy  
 7. Daily Attendance Records: Children/Staff
- Items Posted: Conspicuous/Accessible**  
 8. License  
 9. Current Fire Marshal Certificate Date: 6-28-21  
 10. OEC Complaint Procedure  
 11. Food Service Certificate Date: na  
 12. Menus  
 13. Emergency Plans  
 14. No Smoking Signs  
 15. Radon Test  Date: 5-15 Results: .7  
 15a. Developmental Milestones
- Staffing 19a-79-4a**  
 16. Staff Health Records/TB Tests  
 17. Professional Development  
 18. Disciplinary Actions  
 19. Designated Head Teacher/60%  
 20. Two Staff Present  
 21. Ratio: 1 Staff to 10 Children  
 22. Group Size: Maximum 20 Children  
 23. Designated Director/Training  
 24. CPR Certified Staff  
 25. First Aid Trained Staff

- Consultants**  
 26. Agreements/Contracts (Complete/Signed Annually)
- |                | Contracts                           | Logs                                |
|----------------|-------------------------------------|-------------------------------------|
| Education      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Health         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Social Service | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dental         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dietitian      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
27. Logs/Visits Documented
- Swimming: (Y/N)**  
 28. Non-Swimmers Identified

- Swimming cont.**  
 29. Staff/Child Ratios  
 30. CPR Certified Staff (20 years of age)  
 31. Lifeguard Certified/Supervision
- Record Keeping 19a-79-5a**  
 32. Enrollment Information  
 33. Emergency Medical Permission  
 34. Authorized Released Permission  
 35. Field Trip Permission  
 36. Transportation Permission  
 37. Child Health Records/Immunizations/TB  
 38. Individual Care Plan (Signed by Parent/Staff)  
 39. Injury/Illness/Accident Reports
- Health and Safety 19a-79-6a**  
 40. Nutritious Snacks/Meals (Required Food Groups)  
 41. Proper Refrigeration  
 42. Kitchen Separated  
 43. Hand Washing Before Eating/Food Handling  
 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory
- Physical Plant 19a-79-7a**  
 45. License Premise: Clean/Good Repair/Hazard Free  
 48. Sanitary Drinking Fountains/Disposable Cups  
     Water Supply: Public/Well  
 49. Lead Water Test Date: 2-12-20  
     Bacterial/Chemical Test (Y/N) Date: \_\_\_\_\_  
 50. Walkways Maintained  
 51. Designated Staff Toilet/Sink  
 52. All Openings for Ventilation Screened  
 53. Windows Protected to Prevent Falls  
 54. Glass Protected to 36"  
 55. Overhead Doors Locking Devices/Spring Protectors  
 56. Exits/Hallways and Stairs Unobstructed  
 57. Individual Storage of Clothing/Bedding  
 58. Smoking Prohibited  
 59. Matches/Lighters Inaccessible  
 60. Electrical Safety: Outlets/Cords  
 61. Toileting Needs Met  
 62. Required Toilets/Sinks/Supplies  
 63. Potty Chairs: Nonporous/Emptied/Disinfected  
 64. Hand Washing After Toileting: Staff/Children  
 65. Ventilation in Toilet Room  
 66. Air Temp 65%; Thermometer Affixed

Signature of OEC Representative: Jennifer Serra Eileen Ruiz  
 Written Corrective Action Plan Due to OEC by: 6-30-22  
 Signature of Person in Charge: Johanna Gutierrez  
 Print name: Jennifer Serra Eileen Ruiz JOHANNA GUTIERREZ

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## CHILD CARE CENTER/GROUP INSPECTION FORM

<p><b>Program Name:</b> <i>Sunshine Preschool 3 ChildCare</i></p> <p><b>Physical Plant continued:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°</li> <li><input checked="" type="checkbox"/> 68. Portable Space Heaters</li> <li><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</li> <li><input checked="" type="checkbox"/> 70. Rugs Secure</li> <li><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</li> <li><input checked="" type="checkbox"/> 72. Working Phone on Each Level</li> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</li> <li><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><b>Outdoor Space</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free from Hazards</li> <li><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)</li> <li><input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><b>Educational Requirements 19a-79-8a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up</li> </ul> <p><b>Administration of Medications 19a-79-9a <i>none enrolled</i></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p><b>Nonprescription Topical Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><b>Self-Administration</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> </ul> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul> <p><b>Emergency Distribution of Potassium Iodide</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage</li> </ul>	<p><b>License Number:</b> <i>80009</i></p> <p><b>Date of Inspection:</b> <i>6.16.22</i></p> <p><b>Under Three Endorsement 19a-79-10</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 109. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</li> <li><input checked="" type="checkbox"/> 111. Group Size no Larger than 8</li> <li><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</li> <li><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space</li> <li><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs</li> <li><input checked="" type="checkbox"/> 115. Washable Cots</li> <li><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray</li> <li><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</li> <li><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities</li> <li><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use</li> <li><input checked="" type="checkbox"/> 120. Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 121. Disposable Paper Sheets</li> <li><input checked="" type="checkbox"/> 122. Covered Waste Receptacle</li> <li><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted</li> <li><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted</li> <li><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document (Y/N)</li> <li><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping</li> <li><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</li> <li><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter</li> <li><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</li> <li><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits</li> <li><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time</li> <li><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent</li> <li><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded</li> <li><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</li> <li><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served</li> <li><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name</li> </ul> <p><b>Outdoor Play Space-Under Three:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 141. Play Space Fenced</li> <li><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate</li> </ul> <p><b>School Age Children Endorsement 19a-79-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><b>Night Care Endorsement 19a-79-12 (10pm-5am)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 148. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 149. Written Program Plan/Supervision</li> <li><input checked="" type="checkbox"/> 150. Staff Awake/Available</li> <li><input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</li> <li><input checked="" type="checkbox"/> 152. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</li> </ul> <p><b>Monitoring of Diabetes 19a-79-13 <i>no child enrolled</i></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>
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<p>Signature of OEC Representative <i>Jennifer Serna</i></p> <p>Print Name: <i>Jen Serna</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>6-30-22</i></p>	<p>Signature of Person in Charge <i>Johanna Gutierrez</i></p> <p>Print Name: <i>JOHANNA GUTIERREZ</i></p>
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## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschools Child Care License # 80009 Date: 6.16.22Observations/Corrections needed:

- #1 observe local health inspection to be more than 2 years old.
- #2 observed 1 out of 4 staff files to not have documentation of new hire orientation
- #7 observed staff and child attendance records to not be current/completed daily for at least 2 days of this week.
- #16 observed 1 out of 4 staff files to have an adult medical statement more than 2 years old. Observed 1 staff file to not have an adult health record and TB results
- #17 observed 1 staff file missing documentation of professional development. Observed 3 staff files with no documentation professional development since February of 2021.
- #21 on 2 occasions observed preschool teacher to leave classroom unattended to retrieve items from kitchen.
- #32 observed 7/7 children enrollment records to be incomplete, missing parents work addresses.
- #34 observed 2/7 children files to be missing authorized release permission - someone other than parents
- #38 observed 2 children health records to indicate learning/developmental differences - observed no care plans.
- #45 observed dangling cord/extension cord for A.C., not secured observed baseboard radiator to be missing an end cap - with sharp edges accessible to children

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jennifer Luna/Eileen Ruiz  
(OEC Representative)Print Name: Jana Sana / Eileen Ruiz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)OEC BY: 6/30/2022Print Name: JOHANNA GUTIERREZ

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool and Child Care License # 80009 Date: 6.16.22

## Observations/Corrections needed:

- #49 observed Lead water test to be more than 2 years old
- #60 Observed 1 outlet unprotected in under 3 room by white crib  
observed 1 outlet, unprotected in entry way, under name bulletin board, accessible to all children entering program
- #62 upon arrival observed no paper towels accessible in bathroom.
- #73 Emergency numbers not observed, not posted - Corrected at visit
- #76 Upon arrival observed Lysol disinfectant spray (2 cans) on top of childrens cubbies. Observed bleach bottle on top of cubbies, by door, with out top/spray nozzle on.
- #89 Observed broken sand box, broken plastic garden fencing along backside of playground, accessible. Observed 4 small piles/stacks of unused plastic garden fencing, with sharp stack points accessible.
- #99 observed 4 parent permission forms to be missing start and end dates. NO MRK records observed with topical cream/permissions
- #110 Upon arrival observed 1 staff with 6 children under 3 yrs. observed 1 staff with 6 children under 3 years to wait in the entry way while second staff used the bathroom. Staff was alone for 2 minutes.
- #123 NO diaper changing policy observed / not posted.
- #133 Observed plastic grocery bag in twin's basket accessible.

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Signature: Jenifer Serna / Eileen Ruiz  
(OEC Representative)

Print Name: Jen Serna / Eileen Ruiz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Johanna Gutierrez  
(Person in Charge)

OEC BY: 6/30/22

Print Name: JOHANNA GUTIERREZ

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool Child Care License # 80009 Date: 6/6/22

Observations/Corrections needed:

Discussions

observed 2 cots to have cracked corner legs  
observed pack-n-play with blanket under fitted sheet  
no infant care during. Discussed importance of following  
manufacturers guidelines, no gas trapping objects  
in cribs with infants.

observed shed in play area to not be locked, has adult  
tools/equipment

observed fisher price rock-n-play and rocker seat, in  
kitchen. Not being used during visit. Discussed rock-n-play  
recall and rocker seat.

BUS roster not complete/up to date with new staff

licensing specialist Eileen R present during inspection  
and available for interpretation, if needed.

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Operators/providers are required by regulations and statutes  
to be in compliance at all times.

Signature: Jennifer Lura / Eileen R  
(OEC Representative)  
Print Name: Jen Lura / Eileen R

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/30/22

Signature: Johanna Gutierrez  
(Person in Charge)  
Print Name: JOHANNA GUTIERREZ