

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool and childcare      Date: 8/18/22 Time: 10:55

Location Address: 409 Wall St. Meriden      Telephone #: 203-440-0794

e-mail address: Sunshine.meriden@hotmail.com      License #: 80009      Expiration Date: 12/31/23

Capacity: 12      # of Children Present: 10      # of Staff Present: 2

<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: Follow-up to inspection dated 6/16/22

Observations/Corrections needed:

#7 observed 2 staff and 10 children present with 5 children signed in, no staff signed in.

#110 observed 1 staff with 7 children. 2 of 7 children to be under 3 yrs. No documentation of signed agreement to allow children ~~under~~ 32 months - less than 3 years. Observed ratio of 1 staff to 7 children, not to exceed 1 staff to 4 children

#130 observed infant, under 12 months, to be sleeping with a pacifier attached to small blanket/snuggly.

#76 observed spray bottle of bleach/water spray on child's cubby's, next to children water bottles, 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9-2-22

Signature: Jennifer Serra  
(OEC Representative)

Print Name: Jen Serra

Signature: [Signature]  
(Person in Charge)

Print Name: OTONIEL GUTIERREZ