

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool and Child Care Date: 9-12-22 Time: 9:50

Location Address: 409 Wall St Meriden Telephone #: 203-440-0714

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

Capacity: 12 # of Children Present: 7 # of Staff Present: 2

**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 for ratio and safe sleep

#### Observations/Corrections needed:

OK #7 observed accurate attendance records for staff and children present during visit

Ob #76 Potentially hazardous substances observed to be out of reach, not locked. Provided technical assistance during visit. Renewed the regulation with director. 19a.77-7a(c)(10) environmental requirements. Fixed during visit

Ob #110 observed 3 children, under 3 yrs of age, to be 32 months of age or greater in preschool room. Observed signed agreements for all 3 children to allow them to participate in preschool room/group. Observed both classes to be in ratio.

Ob #130 observed ~~no~~ all cribs free from hazards, that are being used by children this day. One crib used for storage; provider states child is not present this week.

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: -na-

Signature: Jen Serra  
(OEC Representative)

Print Name: Jen Serra Eizenkuiz

Signature: Johanna Gutierrez  
(Person in Charge)

Print Name: Johanna Gutierrez