

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool Date: 9.14.22 Time: 9:52

Location Address: 20 Auger St Hamden Telephone #: 203-562-5840

e-mail address: Sunshinepreschl@gmail.com License #: 16611 Expiration Date: 9.30.22

Capacity: 41/21 # of Children Present: 36/26 # of Staff Present: 8

<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 _____
--	---

Purpose of visit: Follow-up to Inspection dated 6.2.22 and 8/18/22

Observations/Corrections needed:

ok #19 Designated Head Teacher on site 60% observed head teacher sign in documentation.

ok #74 Observed lighting in toddler room, table area to now meet 50 candle feet of lighting, with curtain open

ok #90 Observed fire escape to have been painted, observed no peeling paint

ok #113 Observed hand wash sink to not be used for anything other than hand washing

ok #137 - Observed basket for used bottles and dishes to be brought to the kitchen to be emptied/ripped, and not poured or emptied into hand wash sink

-document - 1 staff without current Background check on roster  
Staff may not work with current or work supervised status.  
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: Jen. Sepra  
Jennifer Sepra  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: -DG-

Signature: Rachael Judson  
Rachael Judson  
(Person in Charge)