

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool Date: 12-1-22 Time: 9:54

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

e-mail address: Sunshinepreschl@gmail.com License #: 166611 Expiration Date: 9.30.26

Capacity: 40/29 # of Children Present: 43 # of Staff Present: 10

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Partial Inspection

Observations/Corrections needed:

OK 19a-79-4a(1) Supervision

During visit observed all children
being appropriately supervised.

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 Lewis Sen Sena
(OEC Representative)

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

Signature: Rachael Judson
(Person in Charge)
Rachael Judson