

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool and Child care Date: 2.6.23 Time: 12:32

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

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

Capacity: 12 # of Children Present: 7 # of Staff Present: 3

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>
--	---

Purpose of visit: Follow-up to Partial Inspection dated 1-23-23

Observations/Corrections needed:

#130 safe sleep: Observed snug fitting crib sheet in crib for infant. No child sleeping during visit.

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 Eileen Ruiz
(OEC Representative)

Print Name: Jen Serra Eileen Ruiz

Signature: Johanna Butierrez
(Person in Charge)

Print Name: Johanna Butierrez