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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool + Child Care Date: 12-19-22 Time: 10

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

e-mail address: sunshine.meriden@hotmail.com License #: 80009 Expiration Date: 12-21-23

Capacity: 12 # of Children Present: 6 # 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: Case # 2021-1021

Observations/Corrections needed:

P - 19a-79-3a (a) - ensure the safety, health, and development of the children

P-19a-79-3a (b)(8)(C) - child protection

P 19a-79-4a (e)(4)(D) - supervision

All regulations pending investigation

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: _____ Kevin Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: —

Signature: _____
(Person in Charge)
Johanna Gutierrez