

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Sunshine Preschool</u>	License Number: <u>16611</u>	Date of Inspection: <u>5-24-23</u>	Time of Arrival: <u>10:23</u>
Address: <u>20 Augur St</u>	Expiration Date: <u>9-30-26</u>	Licensed Capacity: <u>41</u>	Under 3 Capacity: <u>21</u>
Town: <u>Hamden 06517</u>	Telephone: <u>203-562-5840</u>	# of children present: <u>35</u>	# of staff present: <u>8X</u>
Operator: <u>Lilly's Preschool, LLC</u>	Director: <u>Rachel Judson</u>	Head Teacher: <u>Rachel Judson</u>	
Email: <u>Sunshinepreschl@gmail.com</u>	Summer Care: <u>open</u>		
Hours of Operation: <u>Mon-Fri 1:30am-5:30 pm</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Ages Served: <u>6 weeks - 7 years</u>	Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		

- Licensure Procedures 19a-79-2a**
 1. Local Health Date: 8-22-20
- Administration 19a-79-3a**
 2. New Staff-Employee Orientation
 3. Annual Staff Policy Training
 4. Documentation of Behavior M. Tech Discussed w/Parents
 5. Notification of Change
 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
 7. Daily Attendance Records: Children/Staff
- Items Posted: Conspicuous/Accessible**
 8. License
 9. Current Fire Marshal Certificate Date: 8-27-21
 10. OEC Complaint Procedure
 11. Food Service Certificate Date: na
 12. Menus
 13. Emergency Plans
 14. No Smoking Signs
 15. Radon Test (Y/N) Date: 5-20-1 Results: 2.4
 15a. Developmental Milestones
- Staffing 19a-79-4a**
 16. Staff Health Records/TB Tests
 17. Professional Development
 18. Disciplinary Actions
 18b. Background Checks
 19. Designated Head Teacher/60%
 20. Two Staff Present
 21. Ratio: 1 Staff to 10 Children
 22. Group Size: Maximum 20 Children
 23. Designated Director/Training
 24. CPR Certified Staff
 25. First Aid Trained Staff
- Consultants**
 26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<u>exp</u>	<u>0</u>
Social Service	<u>exp</u>	<u>0</u>
Dental	<u>exp</u>	<u>0</u>
Dietitian	<u>na</u>	<u>na</u>

- Swimming cont.**
 29. Staff/Child Ratios
 30. CPR Certified Staff (20 years of age)
 31. Lifeguard Certified/Supervision
- Record Keeping 19a-79-5a**
 32. Enrollment Information
 33. Emergency Medical Permission
 34. Authorized Released Permission
 35. Field Trip Permission
 36. Transportation Permission
 37. Child Health Records/Immunizations/TB
 38. Individual Care Plan (Signed by Parent/Staff)
 39. Injury/Illness/Accident Reports
- Health and Safety 19a-79-6a**
 40. Nutritious Snacks/Meals (Required Food Groups)
 41. Proper Refrigeration
 42. Kitchen Separated
 43. Hand Washing Before Eating/Food Handling
 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory
- Physical Plant 19a-79-7a**
 45. License Premise: Clean/Good Repair/Hazard Free
 48. Sanitary Drinking Fountains/Disposable Cups
 Water Supply: Public/Well
 49. Lead Water Test Date: 6-10-22
 Bacterial/Chemical Test (Y/N) Date: na
 50. Walkways Maintained
 51. Designated Staff Toilet/Sink
 52. All Openings for Ventilation Screened
 53. Windows Protected to Prevent Falls
 54. Glass Protected to 36"
 55. Overhead Doors Locking Devices/Spring Protectors
 56. Exits/Hallways and Stairs Unobstructed
 57. Individual Storage of Clothing/Bedding
 58. Smoking Prohibited
 59. Matches/Lighters Inaccessible
 60. Electrical Safety: Outlets/Cords
 61. Toileting Needs Met
 62. Required Toilets/Sinks/Supplies
 63. Potty Chairs: Nonporous/Emptied/Disinfected
 64. Hand Washing After Toileting: Staff/Children
 65. Ventilation in Toilet Room
 66. Air Temp 65°, Thermometer Affixed

27. Logs/Visits Documented
Swimming: (Y/N)
 28. Non-Swimmers Identified

Signature of OEC Representative: <u>Gen Sene</u>	Written Corrective Action Plan Due to OEC by: <u>6-8-23</u>	Signature of Person in Charge: <u>Rachel Judson</u>
Print name: <u>Gen Sene</u>		Print name: <u>Rachael Judson</u>

Post for 30
Operating
Days

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <i>Sunshine Preschool</i></p>	<p>License Number: <i>16611</i></p>	<p>Date of Inspection: <i>5.24.23</i></p>
<p><u>Physical Plant continued:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Water Temperature 60°-115° <input checked="" type="checkbox"/> 68. Portable Space Heaters <input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input checked="" type="checkbox"/> 70. Rugs Secure <input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/> 72. Working Phone on Each Level <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic <input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <p><u>Outdoor Space</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free from Hazards <input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p><u>Educational Requirements 19a-79-8a</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up <p><u>Administration of Medications 19a-79-9a</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p><u>Nonprescription Topical Medications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p><u>Self-Administration</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization 	<p><u>Under Three Endorsement 19a-79-10</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 109. Approved Endorsement <input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input checked="" type="checkbox"/> 111. Group Size no Larger than 8 <input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space <input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input checked="" type="checkbox"/> 115. Washable Cots <input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input checked="" type="checkbox"/> 120. Washed/Disinfected <input checked="" type="checkbox"/> 121. Disposable Paper Sheets <input checked="" type="checkbox"/> 122. Covered Waste Receptacle <input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted <input checked="" type="checkbox"/> 124. Hand Washing Policy Posted <input checked="" type="checkbox"/> 125. Individual Storage of Personal Items <input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document (Y/N) <input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits <input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded <input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <p><u>Outdoor Play Space-Under Three:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <p><u>School Age Children Endorsement 19a-79-11</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate <p><u>Night Care Endorsement 19a-79-12 (10pm-5am)</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 148. Approved Endorsement <input checked="" type="checkbox"/> 149. Written Program Plan/Supervision <input checked="" type="checkbox"/> 150. Staff Awake/Available <input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input checked="" type="checkbox"/> 152. Individual Storage of Personal Items <input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <p><u>Monitoring of Diabetes 19a-79-13 <i>no child enrolled</i></u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications 	
<p>Signature of OEC Representative <i>Jennifer Sene</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>6.8.23</i></p>	<p>Signature of Person in Charge <i>Rachael Judson</i></p>

Print Name: Jen Sene

Print Name: Rachael Judson

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool License # 16611 Date: 5.24.23Observations/Corrections needed:

- #1 observed local health inspection to be more than 2 years
- #2 observed 3 out of 8 staff files to not have documentation of new hire orientation
- #3 observed 8 out of 8 staff files to not contain documentation of annual review of policies, plans and procedures within 1 year
- #16 observed 2 out of 8 staff files to not have documentation of current staff health records
- Observed 1 out of 8 staff files to not have TB results
- #17 observed 8 out of 8 staff files to not have documentation of professional development
- #18 b Observed 1 staff, present and in ratio, without current and/or work supervised status in BCIS
- #26 observed health, social service and dental consultant agreements to be more than 1 year.
- #27 observed health, social service and dental consultant logs to not be current and no indication of review of policies, plans, procedures and education programs within 1 year.
- #9 observed fire Marshal certificate to be more than 1 year.
- #38 observed 1 care plan not signed by any staff.
- observed 1 care plan not signed by all staff responsible for care of child

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 Sene
(OEC Representative)Print Name: Jen Sene

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Rachael Judson
(Person in Charge)OEC BY: 6.8.23Print Name: Rachael Judson

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool License # 16611 Date: 5.24.23

Observations/Corrections needed:

#45 observed 2 outlets, in the Twos room, at child's level to not be protected

#69 observed wall paper/contact paper on wall in infant room to be peeling along baseboard, accessible to infants

#74 observed toddler room, at table area with children eating to have the lighting measure 33 candle foot, not required 50 in areas of close work. During inspection had staff open curtains, bringing lighting to 50 candle feet

observed lighting in Ones room, at tables where children are eating to measure less than 30 candle feet - must measure 50 candle feet or more

#80 observed no C.O. detector on main level of program

#88 observed climber on black top playground to not have adequate shock absorbing material under/around all fall zones

#89 observed artificial turf, across black top playground, to not be secure, posing tripping hazards (photo taken)

Additional violation

19a-29-3a(a) operator failed to ensure the safety and health of children in care when they allowed a staff member to provide direct care of children without ensuring staff has completed background check

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Signature: Jennifer Serra
(OEC Representative)

Print Name: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Rachael Judson
(Person in Charge)

OEC BY: 6.8.23

Print Name: Rachael Judson

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool License # 16611 Date: 5.24.23

Observations/Corrections needed:

19a-29. 3a(a) continued
in current or work supervised status and did not add the staff member to the programs BCIS roster

Discussions

observed 1 topical cream with parent permission
observed 1 administration Authorization form to not include health providers address and phone number.
observed staff heat and serve childrens lunches and leave them plated up to 20 minutes before serving the food to the children.

no thermometer in pre-k room not observed

observed 1 empty toy box on side of black top playground to not have a safety hinge or to be locked.

staff must wash with soap and water before serving, eating and before after diaper changes

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Signature: Jennifer Serra
(OEC Representative)

Print Name: Jan Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Rachael Judson
(Person in Charge)

OEC BY: 6.8.23

Print Name: Rachael Judson