

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool + Childcare Date: 6-1-23 Time: 12

Location Address: 409 Wall St., Meriden Telephone #: 203-644-0794

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

Capacity: 12 # of Children Present: 12 # 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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: 3 month follow up for case #2022-1021

Observations/Corrections needed:
NS-19a.79-4a (c)(4)(D) - observed proper supervision. Discussed proper supervision on van and school drop off/pick ups.

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Kevin Eddy
Signature: [Signature]
(Person in Charge)
Print Name: Johanna Gutierrez