

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Sunshine Preschool 3 Child Care</u>	License Number: <u>DGGH 80009</u>	Date of Inspection: <u>8.4.23</u>	Time of Arrival: <u>9:29</u>
Address: <u>409 Wall St</u>	Expiration Date: <u>12.31.23</u>	Licensed Capacity: <u>12</u>	Under 3 Capacity: <u>6</u>
Town: <u>Meriden CT 06450</u>	Telephone: <u>203-440-0794</u>	# of children present: <u>7</u>	# of staff present: <u>2</u>
Operator: <u>Sunshine Preschool and Child Care, LLC</u>	Director: <u>Johanna Guiterrez</u>		
Email: <u>sunshine.meriden@hotmail.com</u>	Head Teacher: <u>Luz Diaz-Garcia</u>		
Hours of Operation: <u>Mon-Fri 6:00am - 5:00pm</u>	Summer Care: <u>open</u>		
Ages Served: <u>6 weeks - 12 years</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
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: 7.21.22

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: 6.22.21
- 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: 5.11.15 Results: 0.5
- 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 type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>

27. Logs/Visits Documented

Swimming: (Y/N)

28. Non-Swimmers Identified

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: 6.29.22
Bacterial/Chemical Test (Y/N) Date: _____
- 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

Signature of OEC Representative: <u>Jen Sene</u>	Written Corrective Action Plan Due to OEC by: <u>8-18-2023</u>	Signature of Person in Charge: <u>Luz Diaz-G.</u>
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Print name: Jen Sene Fikew Ruiz

Print name: Luz Diaz-G.

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Sunshine Preschool 3 Child Care	License Number: 80009	Date of Inspection: 8.4.23
Physical Plant continued: <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 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 (X) YES <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 	Under Three Endorsement 19a-79-10 <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 	
Outdoor Space <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 	Outdoor Play Space-Under Three: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate 	
Educational Requirements 19a-79-8a <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 	School Age Children Endorsement 19a-79-11 <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 	
Administration of Medications 19a-79-9a <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file 	Night Care Endorsement 19a-79-12 (10pm-5am) <ul style="list-style-type: none"> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Program Plan/Supervision <input type="checkbox"/> 150. Staff Awake/Available <input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input type="checkbox"/> 152. Individual Storage of Personal Items <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly 	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage 	Monitoring of Diabetes 19a-79-13 no child enrolled <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 	
<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 	Self-Administration <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 	Signature of OEC Representative Jen Serra Eileen Ruiz	
Written Corrective Action Plan Due to OEC by: 8-18-2023	Signature of Person in Charge Luz M. Diaz-G.	

Print Name: Jen Serra Eileen Ruiz

Print Name: Luz M. Diaz-G.

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool 3 Child Care License # 80009 Date: 8.4.23

Observations/Corrections needed:

- #9 observed fire marshal inspection out dated, more than 1 year
- #3 observed 4 out of 5 staff files to not have documentation of annual review of policies
- #2 observed 1 staff file out of 5 to not have documentation of new hire orientation
- #7 observed staff attendance records to not be complete today. Observed 1 staff present to be signed in. Second staff member present stated they did not sign in today.
- #16 observed 3 out of 5 staff files to not have a current adult medical statement and/or TB results.
- #17 observed 3 out of 5 staff files to not have documentation of professional development
- #26 observed Education, Social Service and Dietician agreements to be more than 1 year.
- #27 observed all but health consultant logs to be more than 1 year. No indication of review of policies, plans procedures and education programs.
- #32 observed 12/12 student files/enrollment forms to be missing parent work addresses.
- #34 observed 1 student file missing authorized release other than parent/guardian

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 Serra
(OEC Representative)

Print Name: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Luiz M. Diaz-G.
(Person in Charge)

OEC BY: 8.10.23

Print Name: LUZ M. DIAZ-G.

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool 3 Child Care License # 80009 Date: 8/4/23

Observations/Corrections needed:

- #37 observed 1 student file to be missing immunization record
- #38 observed 2 student health records to indicate asthma without a care plans. Observed 1 student health record to indicate a diagnosis of Autism without a care plan
- #45 observed a toy storage organizer in preschool room to have a broken rod along top and unit is not secure.
- #66 observed no thermometer in yellow room, on wall.
- #69 observed wall in yellow room, under air condition unit to be bare sheetrock. Wall is porous.
- ~~#79 observed two dogs present. Observed rabies certificate for 1 dog JS~~
- #89 observed short white garden fencing, along base of playground fence, to not be secure, with sharp stake ends exposed. Observed large gaps under fence, larger than 5" high in multiple areas around perimeter
- #98 unable to observe administration of medication training outline - not on site
- #99 observed two topical cream parent permission forms to be missing start and end dates.
- #133 observed small clear trash can liners (plastic) stored under bathroom sink, accessible to children under 3

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Signature: [Signature]
 Print Name: Len Serra (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
 Print Name: Luz M. Diaz - G. (Person in Charge)

OEC BY: 8-18-2023

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool 3 Child Care License # 80009 Date: 8-7-23

Observations/Corrections needed:

#140 observed 1 bottle, not labeled with child's name

Discuss

observed 2 student health records to indicate a diagnosis of asthma. No medications on site.

children not present

observed bottle of hand sanitizer, accessible, not locked/^{inaccessible}

observed rubber mulch - reminder to ensure minimum of 8" under all fall zones

Observed adult, on site, not directly caring for children during inspection. Anyone who provides care for children must have a current background check, adult medical statement, TB results and training on policies.

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jennick Serra
(OEC Representative)
Print Name: Jen Serra Eileen Reiz

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 8/18/23

Signature: [Signature]
(Person in Charge)
Print Name: Luz M. Diaz - G.