

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Daycare Center Date: 8/31/23 Time: 12:30p
Location Address: 481 Brewster St, Bridgeport Telephone #: 203-296-1561
e-mail address: scc0481@gmail.com License #: 70706 Expiration Date: 6/30/27
Capacity: 28 # of Children Present: 12 # of Staff Present: 3

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: N/A

Purpose of visit: 2023-675

Observations/Corrections needed:

(P) 19a-79-3a (d) (5) (c) - Administration -
Outdoor Supervision.

(P) 19a-79-4a (c)(4)(D) - Supervision

19a-79-10a (j) - under 3 Endorsement -
Bottle feeding - This was cited on 2023-682

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: Angela Albizu
Signature: [Signature]
(Person in Charge)
Print Name: Kamara Woodie