



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

| | | | | | | | | | | |
|---|---|---|------------------------------------|----------|---------------------------|---------------------------|---------------------------|--------------------------------|---------------------|---------------------|
| Program Name | SUNSHINE PRESCHOOL 2 | | | | License Number | DCCC | | Date of Inspection | 12/20/2023 | |
| | | | | | Expiration Date | | | Time of Inspection | 09:13 AM | |
| Address | 60 CONNOLLY PKWY BLDG 10A HAMDEN CT 06514-2593 | | | | Telephone | (860) 748-3221 | | Licensed Capacity | 25 | |
| | | | | | Hours of Operation | Mon-Fri 7:30am-5:30pm | | Infant/Toddler Capacity | 16 | |
| Is this a Change of Address? | Yes? | | No? | X | | | | Summer Care | Open | |
| New Address | | | | | Minimum Age Served | 6 weeks | Maximum Age Served | 5 years | Water Supply | Public Water |
| | | | | | Program's Email | sunshinepreschl@gmail.com | | | | |
| Operator | RJUD, LLC | | | | Name of Inspector | Jenn Schulz | | | | |
| Director | RACHAEL JUDSON | | | | Inspector's Email | jennifer.schulz@ct.gov | | | | |
| Key: Compliant = X Non-Compliant = O | # of Infants - Toddlers Present | 0 | # of Total Children Present | 0 | # of Staff Present | 1 | Type of Inspection | INITIAL CREDENTIAL INSPECTION | | |

LICENSURE PROCEDURES 19a-79-2a

| | | |
|----------|------------------------------------|--|
| X | 1. Local Health Inspection | |
| | Date: 12/02/2023 | |
| X | 1a. False or Misleading Statements | |

ADMINISTRATION 19a-79-3a

| | | |
|----------|--|--|
| X | 1b. Administration | |
| X | 1bb. Capacity | |
| X | 2. New Staff – Employee Orientation | |
| X | 3. Annual Staff Policy Training | |
| X | 3b. Managing child behavior | |
| X | 4. Documentation of Behavior M. Tech Discussed w/parents | |
| X | 4b. Failure to report | |

| | | |
|----------------------------------|---|---|
| X | 5. Notification of Change | |
| O | 6. Program policies | <p>Including discipline, supervision, child protection, general operating, personnel, closing time</p> <p>Failed to maintain complete written policies, plans and procedures. Checklist left documenting missing items.</p> |
| X | 7. Daily Attendance Records- staff and children | |
| ITEMS POSTED – ACCESSIBLE | | |
| X | 8. License | |
| X | 9. Fire Marshal certificate | |
| | Date | 12/20/2023 |
| X | 10. OEC Complaint procedure | |
| | 11. Food Service Certificate | N/A? |
| | Date | X |
| X | 12. Menus | |
| X | 13. Emergency plans | |
| X | 14. No Smoking Signs | |
| X | 15. Radon Test | N/A? |
| | Date | Results |
| | 11/13/20 | 1.2 |
| X | 15a. Developmental Milestones | |
| X | 15b. Access | |
| X | 15bb. Endorsements | |
| STAFFING 19a-79-4a | | |
| X | 15c. Staffing | |
| X | 16. Staff Health records – TB tests | |
| X | 17. Professional development | |
| X | 18. Disciplinary actions | |
| X | 18b. Background checks | |

| | | | | | | |
|-------------------------------------|---|---|--------|----------------|--------|--|
| <input type="radio"/> | 19. Designated Head Teacher | No head teacher available for 60% of operating hours. | | | | |
| <input checked="" type="checkbox"/> | 20. Two Staff present | | | | | |
| <input checked="" type="checkbox"/> | 20a. Staff Qualities | | | | | |
| <input checked="" type="checkbox"/> | 21. Ratio: 1 staff to 10 children | | | | | |
| <input checked="" type="checkbox"/> | 21b. Supervision | | | | | |
| <input checked="" type="checkbox"/> | 22. Group Size – maximum 20 children | | | | | |
| <input checked="" type="checkbox"/> | 23. Designated director - Training | | | | | |
| <input checked="" type="checkbox"/> | 24. CPR Certified Staff (Group Home N/A) | | | | | |
| <input checked="" type="checkbox"/> | 25. First Aid Trained Staff | | | | | |
| <input checked="" type="checkbox"/> | 26. Consultants- Agreements and Contracts | | | | | |
| <input checked="" type="checkbox"/> | 27. Logs – Visits documented | | | | | |
| | Not in Compliance? | Education | Health | Social Service | Dental | Dietician N/A? <input checked="" type="checkbox"/> |
| | Contracts | | | | | |
| | Logs | | | | | |
| | Do they take children swimming? | N SWIMMING | | | | |
| <input checked="" type="checkbox"/> | 28. Non-swimmers identified | | | | | |
| <input checked="" type="checkbox"/> | 29. Staff/Child Ratios | | | | | |
| <input checked="" type="checkbox"/> | 30. CPR certified staff (20 years of age) | | | | | |
| <input checked="" type="checkbox"/> | 31. Lifeguard certified - supervision | | | | | |
| RECORD KEEPING 19a-79-5a | | | | | | |
| <input checked="" type="checkbox"/> | 32. Enrollment information | | | | | |
| <input checked="" type="checkbox"/> | 33. Emergency medical permission | | | | | |
| <input checked="" type="checkbox"/> | 34. Authorized release permission | | | | | |
| <input checked="" type="checkbox"/> | 35. Field trip permission | | | | | |
| <input checked="" type="checkbox"/> | 36. Transportation permission | | | | | |

| | | |
|------------------------------------|--|--|
| X | 37. Child health records and immunizations | |
| X | 38. Individual care plan (signed by parents and staff) | |
| X | 39. Injury, Illness, Accident reports | |
| HEALTH AND SAFETY 19a-79-6a | | |
| X | 40. Nutritious snacks and meals (required food groups) | |
| X | 41. Proper refrigeration (max 45°) | |
| X | 42. Kitchen separated | N/A? |
| X | 43. Hand washing – before eating or food handling | |
| X | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory | |
| PHYSICAL PLANT 19a-79-7a | | |
| O | 45. License premises – clean, good repair, hazard free | Failed to maintain the building, equipment and services when multiple shelves and cubbies were observed to be unsecured. Observed radiator covers in toddler 2 in disrepair leaving sharp pieces and heating elements exposed. Observed cots stacked in an unsecured way in toddler 1. Observed microwave ovens on top of cabinets not secure. |
| X | 47b. Plans for new construction, expansion, renovation or conversion | |
| X | 48. Sanitary drinking fountains – disposable cups | |
| X | 49. Lead Water Test (N/A?) 08/29/2023 | Bacterial/Chemical Test (N/A?) X |
| X | 50. Walkways maintained | |
| X | 51. Designated staff toilet/sink | |
| X | 52. All openings for ventilation screened | |
| X | 53. Windows protected to prevent falls | |
| X | 54. Glass protected up to 36" | |
| X | 55. Overhead doors – locking devices, spring protectors | |
| X | 56. Exits, Hallways and Stairs unobstructed | |

| | | |
|----------|---|--|
| X | 57. Individual storage of clothing and bedding | |
| X | 58. Smoking prohibited | |
| X | 59. Matches and lighters inaccessible | |
| X | 60. Electrical safety – outlets/cords | |
| X | 61. Toileting needs met | |
| X | 62. Required toilets, sinks, supplies | |
| X | 63. Potty chairs – nonporous, emptied, disinfected | |
| X | 64. Hand washing after toileting – staff and children | |
| X | 65. Ventilation in toilet rooms | |
| O | 66. Air temperature 65 degrees, thermometer affixed | Failed to ensure that every area used by children has a thermometer affixed to the wall. |
| X | 67. Water temperature 60° – 115° | |
| X | 68. Portable space heaters | |
| X | 69. Walls, ceilings, floors and rugs – clean, good repair | |
| O | 70. Rugs secure | Failed to ensure that rugs are secured to the floor in the pre-k room and both toddler rooms. |
| X | 71. Hot water, steam pipes protected | |
| X | 72. Working phone on each level | |
| X | 73. Emergency numbers posted | |
| X | 74. Adequate lighting - 50/30 candle feet | |
| O | 75. Light fixtures shielded, shatter proof | Failed to maintain light fixtures that are shielded or shatter proof in the multipurpose room and toddler 2 classroom. |
| X | 76. Potentially hazardous substances locked | |
| X | 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 N |
| <input checked="" type="checkbox"/> | 80. Operable CO detector on each level | N/A? Y |
| <input checked="" type="checkbox"/> | 81. Program space-adequate square footage per child | |
| <input checked="" type="checkbox"/> | 82. Equipment clean, good repair, safe, non-toxic | |
| <input checked="" type="checkbox"/> | 83. Cots stored, maintained, adequate number | |
| <input checked="" type="checkbox"/> | 84. Developmentally appropriate equipment | |
| <input checked="" type="checkbox"/> | 85. Hot tubs, spas, saunas – locked and inaccessible | Y/N N |
| <input checked="" type="checkbox"/> | 86. No weapons, no facsimile of a firearm on premises | |
| OUTDOOR SPACE | | |
| <input checked="" type="checkbox"/> | 87. Outdoor space - adequate square footage per child | |
| <input checked="" type="checkbox"/> | 88. Impact absorbing material under equipment | |
| <input type="checkbox"/> | 89. Playground free from hazards | Failed to ensure the playground is free of glass, debris, holes and other hazards observed exposed, protruding bolt ends near all gates and on the far end of the preschool playground. Playgrounds located in an area behind the building where the walkway to get there is not fenced. Many hazards exist on the route to the playground, such as air conditioning units, stairs, a shipping container, construction materials, dumpsters, protruding nails accessible. |
| <input checked="" type="checkbox"/> | 92. Equipment anchored, safely arranged | |
| <input type="checkbox"/> | 93. Outdoor play area protected, fenced | Failed to ensure that barriers/fencing is four feet in height when some areas of fencing in the preschool playground were measured at less than 4 feet. |
| <input checked="" type="checkbox"/> | 94. Drinking water available, accessible | |
| EDUCATIONAL REQUIREMENTS 19a-79-8a | | |
| <input checked="" type="checkbox"/> | 95. Written plan for daily program available to parents/staff | |
| <input checked="" type="checkbox"/> | 96. Schedule – Activity choices and Program | 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 |
| ADMINISTRATION OF MEDICATIONS 19a-79-9a | | |
| <input type="checkbox"/> | 97. Written policies, procedures | Failed to maintain complete written administration of medication policies and procedures. Checklist left documenting missing items. |
| <input type="checkbox"/> | 98. Training outline on file | Failed to maintain outline of medication training |

| NONPRESCRIPTION TOPICAL MEDICATIONS | | | | | | |
|-------------------------------------|--|---|------------|---|---|--|
| X | 99. Administration, parent permission, MAR | | | | | |
| X | 100. Labeling, storage | | | | | |
| ORAL/TOPICAL/INHALENT MEDICATIONS | | | | | | |
| X | 101. Med trained staff, certificates | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; font-size: small;">O/T/I</td> <td style="font-size: small;">Injectable</td> </tr> <tr> <td style="text-align: center; font-size: small;">Y</td> <td style="text-align: center; font-size: small;">Y</td> </tr> </table> | O/T/I | Injectable | Y | Y | |
| O/T/I | Injectable | | | | | |
| Y | Y | | | | | |
| X | 102. Authorized prescriber, parent permission, MAR | | | | | |
| X | 103. Labeling, storage | | | | | |
| X | 104. Unused, expired meds returned/disposed | | | | | |
| SELF-ADMINISTRATION | | | | | | |
| X | 105. Authorized prescriber, parent permission, MAR | | | | | |
| X | 106. Labeling, storage | | | | | |
| X | 107. Approved petition for special medication authorization | | | | | |
| No | Is there an approved endorsement? | INFANT/TODDLER ENDORSEMENT 19a-79-10 | | | | |
| X | 109. Approved endorsement | | | | | |
| X | 110. Ratio: 1 staff to 4 children | | | | | |
| X | 111. Group size: no larger than 8 | | | | | |
| X | 112. Physical barriers, groups of 8 (indoors and outdoors) | | | | | |
| O | 113. Adequate sinks in program space | Failed to designate sinks for diaper changing and hand washing of staff and children when handwashing only sinks were not clearly identified as such. | | | | |
| X | 114. Free standing, well-constructed, safe cribs | | | | | |
| X | 115. Washable cots | | | | | |
| X | 116. Chairs for feeding, stable, safety straps, locking tray | | | | | |
| X | 117. Developmentally appropriate tables, chairs, equipment | | | | | |
| X | 118. Refrigerators and food prop facilities | | | | | |

| | | | | |
|----------|--|-----|----------|--|
| X | 119. Diaper area- sturdy, safety rail, nonporous, exclusive use | | | |
| X | 120. Diaper area- washed, disinfected | | | |
| X | 121. Diaper area- disposable paper sheets | | | |
| X | 122. Covered waste receptacle | | | |
| X | 123. Diaper changing policy posted, followed | | | |
| X | 124. Hand washing policy posted, followed | | | |
| X | 125. Individual storage of personal items | | | |
| X | 126. Cribs/cots washed and disinfected | | | |
| X | 127. Under 12 months- placed on back for sleeping | | | |
| X | 128. Alternate sleep position- equipment, medical documentation | Yes | No | |
| | | | X | |
| X | 129. Crib, bed used for infant sleeping | | | |
| X | 130. Crib, bed free from observable hazards | | | |
| X | 131. Infant toys separate, washed, disinfected daily | | | |
| X | 132. No toys, objects less than 1/1/4" diameter | | | |
| X | 133. Plastic bags, balloons, Styrofoam objects inaccessible | | | |
| X | 134. Health consultant, doc. of visits | | | |
| X | 135. Infants held for bottles, indiv. attention, tummy time | | | |
| X | 136. Written statement, feeding schedule from parent | | | |
| X | 137. Unused portions of liquids discarded | | | |
| X | 138. Clean Bottles, disp. bottles, approved bottle washing | | | |
| X | 139. Food served from dish or whole jar served | | | |
| X | 140. Bottles individually identified with child's name | | | |

OUTDOOR PLAY SPACE - UNDER THREE

| | | |
|-----------|--|--|
| X | 141. Play space fenced | |
| X | 142. Outdoor equipment developmentally appropriate | |
| No | Is there an approved endorsement? | SCHOOL AGE ENDORSEMENT 19a-79-11 |
| | 143. Approved endorsement | |
| | 144. Activity choices appropriate | |
| | 145. Ratio – 1 staff to 10 children | |
| | 146. Group size – maximum 20 children | |
| | 147. Education Consultant appropriate | |
| No | Is there an approved endorsement? | NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) |
| | 148. Approved endorsement | |
| | 149. Written program plan, supervision | |
| | 150. Staff awake and available | |
| | 151. Cot, crib, bedding, toiletries, sleep apparel | |
| | 152. Individual storage of personal items | |
| | 153. Bedding, sleeping apparel laundered weekly | |
| N | Child with diabetes enrolled? | MONITORING OF DIABETES 19a-79-13 |
| X | 154. Written policies and procedures | |
| X | 155. On site staff trained in first aid, glucose testing | |
| X | 156. Training current and documented | |
| X | 157. Supervision of self-administration | |
| X | 158. Equipment, supplies labeled and inaccessible | |

| | | |
|----------|--|--|
| X | 159. Signed agreement with parents regarding equipment | |
| X | 160. Materials discarded appropriately | |
| X | 161. Authorized prescriber, parent permission | |
| X | 162. Documentation of test results, actions taken | |
| X | 163. Daily written parent notification | |

ADDITIONAL VIOLATIONS

| | | | |
|----------|---|------|--|
| X | 62. Consent Order - Negotiated Corrective Action Plan | N/A? | |
|----------|---|------|--|

YES or NO?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

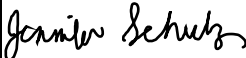
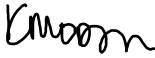
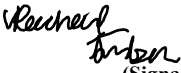
DISCUSSIONS:

All items marked in compliance were either discussed or observed in compliance.
 Supervision policy needed for infant classroom blind spots.
 Fabric mattress toppers to be removed from cribs prior to being used for infant sleep.
 Discussed the location of children's cubbies in relation to the classrooms.
 Infant room total capacity pending due to wall and door separating the room into two separate spaces.

COMMENTS:

Infant room-
 Nap Side - $15.4 \times 12.3 - (1.1 \times 0.9) - (1.6 \times 1.6) = 185.87 / 35 = 5.31$
 Play Side - $15.5 \times 12.8 - (1 \times 2) = 196.4 / 35 = 5.61$
 Total room - $196.4 + 185.87 = 382.27 / 35 = 10.92$ PENDING total capacity of the infant classroom 8
 Toddler 1 - $27 \times 10.7 - (1.2 \times 1.6) - (1.3 \times 0.5) = 286.33 / 35 = 8.18$ - room capacity = 8
 Toddler 2 - $22.5 \times 14.2 - (1.9 \times 7.6) - (1.3 \times 1.6) = 302.98 / 35 = 8.65$ - room capacity = 8
 Pre-K - $12.5 \times 27.1 - (.7 \times 4) - (1.3 \times 1.6) - (3.4 \times 0.8) - (1.3 \times 1.2) = 332.11 / 35 = 9.49$ - room capacity = 9
 Multi-purpose space - $18.2 \times 12.5 - (1.5 \times 7.3) - (1.1 \times 2.3) = 214.02 / 35 = 6.11$ - room capacity = 6 **NOT counted in total capacity**
 Gross motor space - $33.1 \times 7 - (1 \times 0.6) - (2 \times 1.4) = 228.3 / 35 = 6.52$ - room capacity = 6 **NOT counted in total capacity**
 Under 3 playground - $43.3 \times 14.5 = 627.85 / 75 = 8.37$ - playground capacity = 8
 Preschool playground - $17.7 \times 40.5 = 716.85 / 75 = 9.558$ - playground capacity = 9
 Children's toilets - 3

NOTE: Items left blank on this form were not monitored during this visit.
 Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

| | | | |
|---|--|--------------------------------|--|
|  (Signature of OEC Representative) |  (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: |  (Signature of Person in Charge) |
| Jenn Schulz (Printed Name) | Kristi Morgan (Printed Name) | | Rachael Judson (Printed Name) |