



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
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 Email: oeclicensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	SUNSHINE PRESCHOOL & CHILD CARE				License Number	DCGH.80009	Date of Inspection	07/22/2024		
					Expiration Date	12/31/2027	Time of Inspection	08:54 AM		
Address	409 WALL ST MERIDEN CT 06450-4427				Telephone	(203) 440-0794	Licensed Capacity	12		
					Hours of Operation	M-F 5:00am-6:00pm	Infant/Toddler Capacity	6		
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open		
New Address					Minimum Age Served	6 weeks	Maximum Age Served	12 years	Water Supply	Public Water
					Program's Email	sunshine.meriden@hotmail.com				
Operator	SUNSHINE PRESCHOOL AND CHILD CARE, LLC				Name of Inspector	Johanne Dalo				
Director	JOHANNA GUTIERREZ				Inspector's Email	johanne.dalo@ct.gov				
Key: Compliant = X Non-Compliant = O	# of Infants - Toddlers Present	4	# of Total Children Present	11	# of Staff Present	4	Type of Inspection	UNANNOUNCED INSPECTION - FULL		

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date:	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

X	1b. Administration	
X	1bb. Capacity	
X	2. New Staff – Employee Orientation	
O	3. Annual Staff Policy Training	Failed to train staff on policies, plans and procedures when observed 2 staff without documentation of annual training on the program policies and procedures.
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	
X	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
X	7. Daily Attendance Records- staff and children	
ITEMS POSTED – ACCESSIBLE		
X	8. License	
X	9. Fire Marshal certificate	
	Date	08/16/2023
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
	04/26/2015	0.9 pCi/L
X	15a. Developmental Milestones	
X	15b. Access	
X	15bb. 32-36 mths enrolled in prek-permissions	
STAFFING 19a-79-4a		
X	15c. Staffing	
○	16. Staff Health records – TB tests	Failed to maintain current medical statement(s) for 1 staff.
X	17. Professional development	
X	18. Disciplinary actions	
X	18b. Background checks	

<input checked="" type="checkbox"/>	19. Designated Head Teacher																
<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																
	24. CPR Certified Staff (Group Home N/A)																
<input checked="" type="checkbox"/>	25. First Aid Trained Staff																
<input type="radio"/>	26. Consultants- Agreements and Contracts	Failed to maintain current consultant agreements when observed 3 expired agreements															
<input type="radio"/>	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs for 3 consultants.															
	Not in Compliance?	<table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician N/A? x</th> </tr> </thead> <tbody> <tr> <td>x</td> <td></td> <td>x</td> <td>x</td> <td></td> </tr> <tr> <td>x</td> <td></td> <td>x</td> <td>x</td> <td></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician N/A? x	x		x	x		x		x	x	
Education	Health	Social Service	Dental	Dietician N/A? x													
x		x	x														
x		x	x														
	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																

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain current health records for children for 2 children.	
<input checked="" type="checkbox"/>	38. Individual care plan (signed by parents and staff)		
<input checked="" type="checkbox"/>	39. Injury, Illness, Accident reports		
HEALTH AND SAFETY 19a-79-6a			
<input checked="" type="checkbox"/>	40. Nutritious snacks and meals (required food groups)		
<input type="radio"/>	41. Proper refrigeration (max 45°)	Failed to maintain proper refrigeration of no more than 45 degrees. (Measured at 50 degree).	
<input checked="" type="checkbox"/>	42. Kitchen separated	N/A?	
<input checked="" type="checkbox"/>	43. Hand washing – before eating or food handling		
<input checked="" type="checkbox"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/>	45. License premises – clean, good repair, hazard free		
<input checked="" type="checkbox"/>	47b. Plans for new construction, expansion, renovation or conversion		
<input checked="" type="checkbox"/>	48. Sanitary drinking fountains – disposable cups		
<input type="radio"/>	49. Lead Water Test (N/A?)	Bacterial/Chemical Test (N/A?)	Failed to conduct a lead water test every 2 years.
	06/29/2022		
<input checked="" type="checkbox"/>	50. Walkways maintained		
<input checked="" type="checkbox"/>	51. Designated staff toilet/sink		
<input checked="" type="checkbox"/>	52. All openings for ventilation screened		
<input checked="" type="checkbox"/>	53. Windows protected to prevent falls		
<input checked="" type="checkbox"/>	54. Glass protected up to 36"		
<input checked="" type="checkbox"/>	55. Overhead doors – locking devices, spring protectors		
<input checked="" type="checkbox"/>	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	
X	66. Air temperature 65 degrees, thermometer affixed	
X	67. Water temperature 60° – 115°	
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
X	70. Rugs secure	
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 when observed no shielding bulbs (2) in bathroom.
X	76. Potentially hazardous substances locked	
X	77. Garbage, rubbish disposed daily	

<input type="radio"/>	78. Stairs protected, good repair, handrails	Failed to ensure stairs are properly protected when observed gate not securely attached to wall (Gate from classroom leading to outside door)	
<input checked="" type="checkbox"/>	79. Pets – maintained, care plan	Y/N	
		Y	
<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 type="radio"/>	82. Equipment clean, good repair, safe, non-toxic	Failed to ensure that equipment is free of rust and other hazards when observed rust on the radiator in bathroom, green house not secured, plastic bins with drawers not secured.	
<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 type="radio"/>	88. Impact absorbing material under equipment	Failed to ensure a minimum of 8 inches of impact absorbing materials when observed less than 8 inches of rubber mulch around the climber (ship) and small plastic slide	
<input type="radio"/>	89. Playground free from hazards	Failed to ensure that nuts, bolts and screws are tight, and those that protrude are covered or protected when observed 7 screws (around 2 gates) protruding and plastic dramatic play toys leaning.	
<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		
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 checked="" type="checkbox"/>	97. Written policies, procedures		
<input checked="" type="checkbox"/>	98. Training outline on file		

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%; padding: 2px;">O/T/I</td> <td style="padding: 2px;">Injectable</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Y</td> <td style="text-align: center; padding: 2px;">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					
Yes	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)					
X	113. Adequate sinks in program space					
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					
O	123. Diaper changing policy posted, followed	Failed to ensure the diaper policy is posted in each diapering area				
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	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>N</td> </tr> </table>	Yes	No		N
Yes	No					
	N					
O	129. Crib, bed used for infant sleeping	Failed to place infants to sleep in a well constructed, free standing crib or bed designed for infant sleeping when observed infant sleeping in bouncer seat.				
O	130. Crib, bed free from observable hazards	Failed to ensure that soft surfaces and gas-trapping objects are not placed under or with an infant for sleeping when observed bib attached to infant neck while sleeping.				
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					
O	135. Infants held for bottles, indiv. attention, tummy time	Failed to ensure infants are held for all bottle feedings when observed infant holding her bottle in bouncer seat.				
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					
O	140. Bottles individually identified with child's name	Failed to ensure bottles are individually identified with the child's name when observed 3 bottles without child name.				

OUTDOOR PLAY SPACE - UNDER THREE

X	141. Play space fenced	
X	142. Outdoor equipment developmentally appropriate	
Yes	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
X	143. Approved endorsement	
X	144. Activity choices appropriate	
X	145. Ratio – 1 staff to 10 children	
X	146. Group size – maximum 20 children	
X	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

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


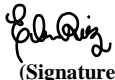

YES or NO?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

- 2 outlets not covered.
- diaper changing table starting to show porous surfaces.
- Outside gate can easily open (does not latch properly)
- Observed perishable food in lunch box and no ice pack was observed.
- Holes in wooden platform, covered with rug on playground.

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: 08/05/2024	 (Signature of Person in Charge)
Johanne Dalo (Printed Name)	Eileen Ruiz (Printed Name)		JOHANNA GUTIERREZ (Printed Name)