

**CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM**

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

|                      |                             |                          |                   |                         |               |
|----------------------|-----------------------------|--------------------------|-------------------|-------------------------|---------------|
| Program Name:        | Sunshine Daycare Center     | Date of Inspection:      | 12/10-24          | Time of Arrival:        | 9:20am        |
| Address:             | 481 Brewster St             | License Number:          | 70706             | Expiration Date:        | 6-30-27       |
| Town:                | Bridgeport                  | Telephone Number:        | 203 296-1561      | Summer Care:            | Open (C)      |
| Operator:            | Sunshine Daycare Center LLC | # of Staff Present:      | 8                 | # over 3 Present:       | 4             |
| Email:               | Sdc0481@gmail.com           | Total Capacity:          | 28                | Total Under 3 capacity: | 24            |
| Designated Director: | Janice Joyner               | Hours/Days of Operation: | M-F 7:30am-5:30pm | # under 3 Present:      | 12            |
|                      |                             |                          |                   | Ages Served:            | 6 wks - 4 yrs |

Instruction Codes: N/A = Not applicable at this time ✓ = Regulation in Compliance O = Regulation not in Compliance

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

**LICENSURE PROCEDURES 19a-79-2a**

1. (c)(8) Local Health Inspection-Date: 10-16-24

**ADMINISTRATION 19a-79-3a**

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMplete/IMPLEMENTED**
  - (d)(2)(A) Discipline policy
  - (d)(2)(B)-C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
  - (e)(1) License posted
  - (e)(2) OEC Complaint Procedure posted
  - (e)(3) Menus posted
  - (e)(4) No Smoking posted signs at entrances
  - (e)(5) OEC Inspection report posted or available
  - (e)(6) Developmental Milestones posted

**STAFFING and CONSULTANTS 19a-79-4a cont.**

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. **RATIOS**
  - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
  - (d)(4)(B) Mixed age group-ratios
  - (d)(6) Nap time ratio
  - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. (d)(5) **GROUP SIZE**
  - (d)(5) Group Size-Indoors/Outdoors
  - (d)(5)(A) Group Size-school age field trips/outdoors
  - (d)(5)(B) Mixed age group-group size
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. (f)(2) **PROFESSIONAL DEVELOPMENT**
  - (a)(2) Documentation
  - (h)(1)(2) Health & Safety training
  - (h)(1)(2) 1% annual hours
- 33. **SWIMMING ACTIVITIES - Y/N**
  - (4)(C)(ii-v) Swimming-Ratios
  - (4)(C)(i) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- 34. (i)(1)(A)-(D) **CONSULTANTS**
  - (i) Consultants-Education, Health, Social Service, Dietitian (N/A)
  - (j)(2)(A-H) Consultant agreements-signed annually
  - (F) Agreements complete w/required services
  - (i)(2) Consultant logs-documented activities, observations and required services
  - (H)(i)-(I)(i) Consultant visits- Education/Health
- 35. 

|            | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education  | ✓         | ✓    | ✓      |
| Health     | ✓         | ✓    | ✓      |
| Soc. Serv. | ✓         | ✓    | ✓      |
| Dietitian  | N/A       | N/A  |        |

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2**

|                     |                         |                       |       |                           |          |
|---------------------|-------------------------|-----------------------|-------|---------------------------|----------|
| <b>PROGRAM NAME</b> | Sunshine Daycare Center | <b>LICENSE NUMBER</b> | 70706 | <b>DATE OF INSPECTION</b> | 12-10-24 |
|---------------------|-------------------------|-----------------------|-------|---------------------------|----------|

|                                |                                       |
|--------------------------------|---------------------------------------|
| <b>RECORD KEEPING 19a-79-5</b> | <b>PHYSICAL PLANT 19a-79-7a cont.</b> |
|--------------------------------|---------------------------------------|

|                                     |     |  |  |
|-------------------------------------|-----|--|--|
| <input checked="" type="checkbox"/> | 36. | (a)(1)(A-C)  | Children's Enrollment information            |
| <input checked="" type="checkbox"/> | 37. |  | <b>PARENT PERMISSIONS</b>                    |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (a)(1)(D)(i)   | Emergency medical permission                 |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (a)(1)(D)(ii)  | Authorized release permission                |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (a)(1)(D)(iii) | Field trip permission                        |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (a)(1)(D)(iv)  | Transportation permission                    |
| <input checked="" type="checkbox"/> | 38. | (a)(2)(A-B)  | Child Health Records                         |
| <input checked="" type="checkbox"/> | 39. | (a)(2)(C)  | Immunization records                         |
| <input checked="" type="checkbox"/> | 40. | (a)(2)(E)  | Individual care plan-signed by parents/staff |
| <input checked="" type="checkbox"/> | 41. | (a)(3)(A)  | Injury, Illness, Incident, Accident reports  |
| <input checked="" type="checkbox"/> | 42. | (a)(3)(B)  | Parent notification of illness or injury     |
| <input checked="" type="checkbox"/> | 43. | (a)(3)(C)(i-ii)                                    | Notify OEC of serious injuries, fatality     |
| <input checked="" type="checkbox"/> | 44. | (a)(3)(D)  | Notify DPH, local health-reportable diseases |
| <input checked="" type="checkbox"/> | 45. | (a)(4)   | Video recordings- keep 30 days               |

|                                     |     |                |  |
|-------------------------------------|-----|----------------|--|
| <input checked="" type="checkbox"/> | 72. | (d)(2)         | Walkways maintained  |
| <input checked="" type="checkbox"/> | 73. | (d)(3)         | Windows protected to prevent falls   |
| <input checked="" type="checkbox"/> | 74. | (d)(3)         | Window screens (Schl age only- N/A)  |
| <input checked="" type="checkbox"/> | 75. | (d)(4)         | Glass and mirrors protected to 36"   |
| <input checked="" type="checkbox"/> | 76. | (d)(5)         | Overhead doors-locking devices, spring protectors (N/A)                          |
| <input checked="" type="checkbox"/> | 77. | (d)(6), (f)(3) | Exits, stairs, hallways unobstructed   |
| <input checked="" type="checkbox"/> | 78. | (d)(7)         | Individual storage of clothing/bedding   |
| <input checked="" type="checkbox"/> | 79. | (d)(8)         | Smoking or vaping prohibited on premises/grounds                                 |
| <input checked="" type="checkbox"/> | 80. | (d)(8)         | Matches/lighters inaccessible  |
| <input checked="" type="checkbox"/> | 81. | (d)(9)         | Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) |
| <input checked="" type="checkbox"/> | 82. |                | <b>TOILETING</b>   |

**HEALTH and SAFETY 19a-79-6a**

|                                     |     |   |  |
|-------------------------------------|-----|---|--|
| <input checked="" type="checkbox"/> | 46. | (a)(1)                                  | Preparation, transportation of food-follow DPH Model Food Code N/A   |
| <input checked="" type="checkbox"/> | 47. | (a)(2)                                  | Nutritious meals and snacks  |
| <input checked="" type="checkbox"/> | 48. | (a)(3)                                  | Proper refrigeration-41 degrees  |
| <input checked="" type="checkbox"/> | 49. | (a)(4)                                  | Menus-1 wk in advance- keep 3 mths   |
| <input checked="" type="checkbox"/> | 50. | (a)(5)                                  | Food Service Inspection N/A  |
| <input checked="" type="checkbox"/> | 51. | (a)(6)                                  | Kitchen-clean, safe storage of food/supplies   |
| <input checked="" type="checkbox"/> | 52. | (a)(7)                                  | Separate hand washing facilities   |
| <input checked="" type="checkbox"/> | 53. | (a)(8)                                  | Multi-use eating/drinking utensils   |
| <input checked="" type="checkbox"/> | 54. | (a)(9)                                  | Kitchen separated (Schl age only N/A)  |
| <input checked="" type="checkbox"/> | 55. | (a)(10)                                 | Children supervised during meal prep   |
| <input checked="" type="checkbox"/> | 56. | (a)(11)                                 | Handwashing-staff/children   |
| <input checked="" type="checkbox"/> | 57. | (b)(1)                                  | Illness procedures-staff knowledgeable, children observed for signs/symptoms   |
| <input checked="" type="checkbox"/> | 58. | (b)(2)                                  | Designated isolation area  |
| <input checked="" type="checkbox"/> | 59. | <input checked="" type="checkbox"/> (c) | <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips  |
| <input checked="" type="checkbox"/> | 60. | <input checked="" type="checkbox"/> (c) | <b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier |
| <input checked="" type="checkbox"/> | 61. | <input checked="" type="checkbox"/> (d) | <b>FIRST AID SUPPLIES</b> -addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags  |

|                                     |     |            |   |
|-------------------------------------|-----|------------|---|
| <input checked="" type="checkbox"/> | 83. | (d)(10)(A) | Shared toilets/sinks-supervision plan   |
| <input checked="" type="checkbox"/> | 84. | (d)(10)(B) | Toileting needs met   |
| <input checked="" type="checkbox"/> | 85. | (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected  |
| <input checked="" type="checkbox"/> |     | (d)(10)(C) | Required toilets/sinks-1:16   |
| <input checked="" type="checkbox"/> |     | (d)(10)(D) | Required toilets/sinks-1:25 schl age only   |
| <input checked="" type="checkbox"/> |     | (d)(10)(E) | Toileting Supplies-Hand drying-Garbage  |
| <input checked="" type="checkbox"/> |     | (d)(10)(E) | Handwashing staff/children  |
| <input checked="" type="checkbox"/> |     | (d)(10)(F) | Toilets/sinks located-at the facility or licensed premises                                |
| <input checked="" type="checkbox"/> |     | (d)(10)(G) | Well lighted/ventilated toilet rooms  |
| <input checked="" type="checkbox"/> |     | (d)(10)(H) | Mechanical ventilation (Grp Homes N/A)  |
| <input checked="" type="checkbox"/> |     | (d)(11)    | Staff personal articles inaccessible  |
| <input checked="" type="checkbox"/> |     | (e)(1)     | <b>AIR TEMPERATURE</b>  |
| <input checked="" type="checkbox"/> |     | (e)(1)     | Air temp 65°F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)        |
| <input checked="" type="checkbox"/> |     | (e)(2)     | Air temp <65°F comfortable (Schl age only-N/A)  |
| <input checked="" type="checkbox"/> |     | (e)(3)     | Air temp > 80°F - ↑ fluids/ventilation  |
| <input checked="" type="checkbox"/> |     | (e)(4)     | Water temperature 60°F - 120°F  |
| <input checked="" type="checkbox"/> |     | (e)(5)     | Portable space heaters prohibited   |
| <input checked="" type="checkbox"/> |     | (e)(5)     | Walls/ceilings/floors/rugs-clean/good repair  |
| <input checked="" type="checkbox"/> |     | (e)(6)     | Rugs- not tripping/slipping hazard  |
| <input checked="" type="checkbox"/> |     | (e)(7)     | Hot water/Steam pipes protected   |
| <input checked="" type="checkbox"/> |     | (e)(7)     | Working phone on each level   |
| <input checked="" type="checkbox"/> |     | (e)(7)     | Emergency numbers posted-adjacent to phones   |
| <input checked="" type="checkbox"/> |     | (e)(7)     | Parents provided direct on site phone number  |
| <input checked="" type="checkbox"/> |     | (e)(8)     | <b>LIGHTING</b>   |
| <input checked="" type="checkbox"/> |     | (e)(9)     | All areas min. 1 foot candle of lighting  |
| <input checked="" type="checkbox"/> |     | (e)(9)     | Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible    |
| <input checked="" type="checkbox"/> |     | (e)(9)     | Schl age only-lighting for comfort  |
| <input checked="" type="checkbox"/> |     | (e)(10)    | Light fixtures shielded/shatter proof   |
| <input checked="" type="checkbox"/> |     | (e)(11)    | Potentially hazardous substances, materials - labeled, inaccessible                       |
| <input checked="" type="checkbox"/> |     | (e)(12)    | Garbage/rubbish-disposed of daily, containers in good repair                              |
| <input checked="" type="checkbox"/> |     | (e)(13)    | Stairs-protected/good repair-handrails  |
| <input checked="" type="checkbox"/> |     | (e)(14-15) | Toxic plants/materials inaccessible   |
| <input checked="" type="checkbox"/> |     | (e)(16)    | Pets or other animals-in good health, written care plan including access to children      |
| <input checked="" type="checkbox"/> |     | (e)(17)    | Prevention of vermin-openings screened  |
| <input checked="" type="checkbox"/> |     | (e)(18)    | Radon test- Results: 0.5 N/A  |
| <input checked="" type="checkbox"/> |     | (f)(1)(A)  | Results posted-Date: 3-10-23 (Schls-N/A)  |
| <input checked="" type="checkbox"/> |     | (g)(1)     | Carbon monoxide detector-each level N/A   |
| <input checked="" type="checkbox"/> |     | (g)(2)     | Program space-adequate-35 sq. ft. per child   |
| <input checked="" type="checkbox"/> |     | (g)(3)     | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |
| <input checked="" type="checkbox"/> |     | (g)(4)     | Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)                   |
| <input checked="" type="checkbox"/> |     | (g)(4)     | Air conditioners, water heaters, fuse boxes inaccessible                                  |
| <input checked="" type="checkbox"/> |     | (g)(4)     | Developmentally app equipment, materials  |

**PHYSICAL PLANT 19a-79-7a**

|                                     |     |   |  |
|-------------------------------------|-----|---|--|
| <input checked="" type="checkbox"/> | 62. | (a)(2)  | Fire marshal codes/certificate 3-4-24  |
| <input checked="" type="checkbox"/> | 63. | (b)   | Indoor/Outdoor space inspected/approved  |
| <input checked="" type="checkbox"/> | 64. | (b)(1)-(5)                                      | Construction/expansion/renovation/conversion                                       |
| <input checked="" type="checkbox"/> | 65. | (b)(6)  | Space not inspected/approved but used for field trips-written parent permission    |
| <input checked="" type="checkbox"/> | 66. | (c)(2)  | Licensed premises-clean, good repair, hazard free, maintenance program established |
| <input checked="" type="checkbox"/> | 67. | (c)(3)  | Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)         |
| <input checked="" type="checkbox"/> | 68. | (c)(4)  | Testing of premises/grounds for chemicals  |
| <input checked="" type="checkbox"/> | 69. |   | <b>WATER SUPPLY</b> - Public/Well (Schools-N/A)                                    |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (c)(5)(A)   | Lead Water Test - Date: 3-7-23   |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (c)(5)(B)   | Bact./Chem Test-Date: N/A  |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (c)(5)(C)   | Drinking water available/accessible  |
| <input checked="" type="checkbox"/> | 70. |   | <b>LEAD PAINT</b> -  |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (c)(6)(A)   | Peeling Paint - Y/N Inside/Outside   |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (c)(6)(B-D) | Building Pre-78: Y/N Lead Test: Y/N  |
| <input checked="" type="checkbox"/> |     |   | Results noted N/A  |
| <input checked="" type="checkbox"/> |     |   | Lead Management Plan N/A   |
| <input checked="" type="checkbox"/> | 71. | (d)(1)  | Emergency vehicle access   |

|                                     |      |            |  |
|-------------------------------------|------|------------|--|
| <input checked="" type="checkbox"/> | 95.  | (e)(10)    |  |
| <input checked="" type="checkbox"/> | 96.  | (e)(11)    |  |
| <input checked="" type="checkbox"/> | 97.  | (e)(12)    |  |
| <input checked="" type="checkbox"/> | 98.  | (e)(13)    |  |
| <input checked="" type="checkbox"/> | 99.  | (e)(14-15) |  |
| <input checked="" type="checkbox"/> | 100. | (e)(16)    |  |
| <input checked="" type="checkbox"/> | 101. | (e)(17)    |  |
| <input checked="" type="checkbox"/> | 102. | (e)(18)    |  |
| <input checked="" type="checkbox"/> | 103. | (f)(1)(A)  |  |
| <input checked="" type="checkbox"/> | 104. | (g)(1)     |  |
| <input checked="" type="checkbox"/> | 105. | (g)(2)     |  |
| <input checked="" type="checkbox"/> | 106. | (g)(3)     |  |
| <input checked="" type="checkbox"/> | 107. | (g)(4)     |  |

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3**

|                     |                         |                       |       |                           |          |
|---------------------|-------------------------|-----------------------|-------|---------------------------|----------|
| <b>PROGRAM NAME</b> | Sunshine Daycare Center | <b>LICENSE NUMBER</b> | 70706 | <b>DATE OF INSPECTION</b> | 12-10-24 |
|---------------------|-------------------------|-----------------------|-------|---------------------------|----------|

|                                       |  |
|---------------------------------------|--|
| <b>PHYSICAL PLANT 19a-79-7a cont.</b> | <b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b> |
|---------------------------------------|--|

|                                     |      |           |  |
|-------------------------------------|------|-----------|--|
| <input checked="" type="checkbox"/> | 108. | (g)(5)    | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls            |
| <input checked="" type="checkbox"/> | 109. | (g)(6)    | Indoor climbing play equipment-shock absorbing materials under and around                    |
| <input checked="" type="checkbox"/> | 110. | (j)       | No weapons/no facsimile of a firearm   |
| <input checked="" type="checkbox"/> | 111. |           | <b>OUTDOOR SPACE</b>   |
| <input checked="" type="checkbox"/> |      | (h)(1)    | Adequate space- 75 sq. ft. per child   |
| <input checked="" type="checkbox"/> |      | (h)(2)    | Shock absorbing surfaces-minimum 8"  |
| <input checked="" type="checkbox"/> |      | (h)(3)    | Playground free from hazards   |
| <input checked="" type="checkbox"/> |      | (h)(4)    | Nuts, bolts, screws-tight, covered/protected   |
| <input checked="" type="checkbox"/> |      | (h)(5)    | Outside equipment anchored-anchors buried  |
| <input checked="" type="checkbox"/> |      | (h)(6)    | New equip- cert playg. Inspection upon request   |
| <input checked="" type="checkbox"/> |      | (h)(8)    | Drinking water available/accessible  |
| <input checked="" type="checkbox"/> |      | (h)(9)    | Equipment arranged for safety-   |
| <input checked="" type="checkbox"/> | 112. |           | equip/fences/structures not hazardous  |
| <input checked="" type="checkbox"/> |      | (h)(7)    | <b>OUTDOOR PROTECTED/FENCING</b>   |
| <input checked="" type="checkbox"/> |      | (h)(7)(A) | Playground protected from traffic, water, gullies or other hazards                           |
| <input checked="" type="checkbox"/> | 113. | (h)(7)(B) | Fences installed to protect from hazards-4 ft  |
| <input checked="" type="checkbox"/> |      | (h)(7)(C) | Fences installed to protect from water-4 ft, self closing and self latching devices or locks |
| <input checked="" type="checkbox"/> | 114. | (i)       | Rooftop play areas-6 ft. wall/barrier N/A  |
| <input checked="" type="checkbox"/> |      | (i)       | <b>WATER HAZARDS</b>   |
| <input checked="" type="checkbox"/> |      | (i)       | Pools, swimming areas- N/A   |
| <input checked="" type="checkbox"/> |      | (i)       | conforms to 19-13-B33b and 19a-36-B61  |
| <input checked="" type="checkbox"/> |      | (i)       | Wading pools prohibited  |
| <input checked="" type="checkbox"/> |      | (i)       | Hot tubs/spas/saunas-locked/inaccessible N/A   |

|                                     |      |              |  |
|-------------------------------------|------|--------------|--|
| <input checked="" type="checkbox"/> | 129. | (f)(1)       | <b>LINENS/CLOTHING</b>   |
| <input checked="" type="checkbox"/> |      | (f)(2)       | Linens/emergency clothing available  |
| <input checked="" type="checkbox"/> |      | (f)(3)       | Linens washed weekly or as needed  |
| <input checked="" type="checkbox"/> |      | (f)(4)       | Linens/clothing stored individually  |
| <input checked="" type="checkbox"/> | 130. | (g)(1)       | Cribs/cots cleaned-linens changed when shared  |
| <input checked="" type="checkbox"/> |      | (g)(1)       | <b>SAFE SLEEP</b>  |
| <input checked="" type="checkbox"/> |      | (g)(1)       | Under 12 mths placed on back for sleeping  |
| <input checked="" type="checkbox"/> |      | (g)(2)       | Crib-snug fitting mattress/tightly fitted sheet  |
| <input checked="" type="checkbox"/> |      | (g)(3)       | Alternate sleep position/equipment-medical documentation for medical reason on file        |
| <input checked="" type="checkbox"/> |      | (g)(4)       | Infants allowed to adopt other sleep positions   |
| <input checked="" type="checkbox"/> |      | (g)(5)       | No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles |
| <input checked="" type="checkbox"/> |      | (g)(6)       | No unapproved sleeping-car seats/swings/beds, etc.   |
| <input checked="" type="checkbox"/> |      | (g)(7)       | No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes            |
| <input checked="" type="checkbox"/> |      | (g)(8)       | Observe/assess infants at least every 15 minutes   |
| <input checked="" type="checkbox"/> |      | (h)(1)       | Teething necklaces/bracelets, jewelry inaccessible   |
| <input checked="" type="checkbox"/> | 131. | (h)(1)       | Safe sleep policies posted/parents informed  |
| <input checked="" type="checkbox"/> | 132. | (h)(1)       | Infant toys-separate/washed/sanitized daily  |
| <input checked="" type="checkbox"/> | 133. | (h)(2)       | Toddler toys-washed/sanitized weekly   |
| <input checked="" type="checkbox"/> | 134. | (h)(2)       | No toys/objects less than 1 ¼ " diameter   |
| <input checked="" type="checkbox"/> |      | (i)(1)(2A-C) | Plastic bags/balloons/styrofoam inaccessible unless under direct supervision               |
| <input checked="" type="checkbox"/> | 135. |              | Health consultant visits/documentation   |
| <input checked="" type="checkbox"/> | 136. |              | <b>FEEDING</b>   |
| <input checked="" type="checkbox"/> |      | (j)          | Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle  |
| <input checked="" type="checkbox"/> |      | (k)(1)       | Written feeding schedule from parent-updated   |
| <input checked="" type="checkbox"/> |      | (k)(2)       | Unused formula/milk discarded after feedings   |
| <input checked="" type="checkbox"/> |      | (k)(3)       | Clean bottles/disposable bottles/appvd washing   |
| <input checked="" type="checkbox"/> |      | (k)(4)       | Baby food served from dish or whole jar  |
| <input checked="" type="checkbox"/> |      | (k)(5)       | Bottles labeled with child's name  |
| <input checked="" type="checkbox"/> | 137. | (l)(1)       | Bottles spaced fenced-4 ft lic. after 1/1/25   |
| <input checked="" type="checkbox"/> | 138. | (l)(2)       | Outdoor equipment-developmentally appropriate for ages of the children                     |
| <input checked="" type="checkbox"/> | 139. | (l)(3)       | Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety    |

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

|                                     |      |          |  |
|-------------------------------------|------|----------|--|
| <input checked="" type="checkbox"/> | 115. | (a)      | Written daily/weekly educational plan-developmentally appropriate  |
| <input checked="" type="checkbox"/> | 116. | (a)      | <b>EDUCATIONAL REQUIREMENTS</b>  |
| <input checked="" type="checkbox"/> |      | (1)-(11) | Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity |
| <input checked="" type="checkbox"/> |      | (b)      | Limited access to screen time/video games  |

**UNDER THREE ENDORSEMENT 19a-79-10 Y/N**

|                                     |      |                |  |
|-------------------------------------|------|----------------|--|
| <input checked="" type="checkbox"/> | 117. | (b)            | Approved Under 3 Endorsement   |
| <input checked="" type="checkbox"/> | 118. | (c)(2)         | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)   |
| <input checked="" type="checkbox"/> | 119. | (c)(3)         | Group size-max 8 (6wks-24mths), max 10 (24-36mths)                                     |
| <input checked="" type="checkbox"/> | 120. | (c)(4)         | Physical barriers- indoors/outdoors  |
| <input checked="" type="checkbox"/> | 121. | (d)(1)(A-C)    | Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep |
| <input checked="" type="checkbox"/> | 122. | (d)(2)(Ai-iii) | Cribs-in compliance w/CPSC (manf. after 6/28/11)                                       |
| <input checked="" type="checkbox"/> | 123. | (d)(2)(B)      | Washable cots  |
| <input checked="" type="checkbox"/> | 124. | (d)(2)(C)      | Chairs for feeding-stable base-safety straps-locking tray                              |
| <input checked="" type="checkbox"/> | 125. | (d)(2)(D)      | Dev. appropriate tables/chairs/equipment   |
| <input checked="" type="checkbox"/> | 126. | (d)(2)(E)      | Refrigerator and food prep facilities  |
| <input checked="" type="checkbox"/> | 127. | (d)(3)(A-C)    | Optional furniture/equip-safe/hazard free  |
| <input checked="" type="checkbox"/> | 128. |                | <b>DIAPERING</b>   |
| <input checked="" type="checkbox"/> |      | (e)(1)         | Diaper area: elevated/sturdy/safety rail   |
| <input checked="" type="checkbox"/> |      | (e)(2)         | Diaper area: used only for this purpose, located in the program area                   |
| <input checked="" type="checkbox"/> |      | (e)(3)         | Diaper area: non-porous surface/good repair  |
| <input checked="" type="checkbox"/> |      | (e)(4)         | Diaper area: washed/disinfected after use  |
| <input checked="" type="checkbox"/> |      | (e)(5)         | Diaper area: disposable paper sheets   |
| <input checked="" type="checkbox"/> |      | (e)(6)(9)      | Covered waste receptacle-removed daily   |
| <input checked="" type="checkbox"/> |      | (e)(7)         | Handwashing-staff/children   |
| <input checked="" type="checkbox"/> |      | (e)(8)         | Diapering-Handwashing policies-posted/followed   |
| <input checked="" type="checkbox"/> |      | (e)(10)(A-C)   | Cloth diapers-written plan developed   |

**SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N**

|                                     |      |        |  |
|-------------------------------------|------|--------|--|
| <input checked="" type="checkbox"/> | 140. | (b)    | Approved Schl Age Endorsement  |
| <input checked="" type="checkbox"/> | 141. | (c)    | <b>SCHEDULE - ACTIVITIES</b>   |
| <input checked="" type="checkbox"/> | 142. | (c)(1) | Written daily program plan-flexible schedule-available to staff/parents  |
| <input checked="" type="checkbox"/> |      | (c)(2) | Activities not a duplication of child's day  |
| <input checked="" type="checkbox"/> |      | (c)(3) | Activities include cognitive, physical, social, emotional needs of the children  |
| <input checked="" type="checkbox"/> |      | (d)    | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| <input checked="" type="checkbox"/> | 143. | (e)    | Ratio- 1:15  |
| <input checked="" type="checkbox"/> | 144. | (f)    | Group size- max. 30  |
| <input checked="" type="checkbox"/> | 145. | (g)    | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent                                    |
| <input checked="" type="checkbox"/> | 146. |        | Head teacher approved- 60%   |

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4**

|  |                         |                       |   |                           |          |
|--|-------------------------|-----------------------|---|---------------------------|----------|
| <b>PROGRAM NAME</b>                                    | Sunshine Daycare Center | <b>LICENSE NUMBER</b> | 70706                                       | <b>DATE OF INSPECTION</b> | 12-10-24 |
| <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b> |                         |                       | <b>MONITORING OF DIABETES 19a-79-13 Y/N</b> |                           |          |

|                          |      |           |  |                                     |      |           |   |
|--------------------------|------|-----------|--|-------------------------------------|------|-----------|---|
| <input type="checkbox"/> | 147. | (b)       | Approved Night Care Endorsement  | <input checked="" type="checkbox"/> | 171. | (a)(1)    | Written policies and procedures   |
| <input type="checkbox"/> | 148. | (b)(1)    | Person in charge-head teacher  | <input checked="" type="checkbox"/> | 172. | (b)(1)(A) | <b>STAFF TRAINING</b>   |
| <input type="checkbox"/> | 149. | (b)(2)    | Written plan for program activities- meet individual needs, sleep patterns, quiet activities |                                     |      | (b)(1)(B) | Staff training – first aid  |
| <input type="checkbox"/> | 150. | (b)(3)    | Written plan for supervision including cot placement and evacuation                          |                                     |      | (i)-(iii) | Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions |
| <input type="checkbox"/> | 151. | (b)(4)    | Children in care no more than 12 hrs. in 24  |                                     |      | (b)(2)    | Training updated at least every 3 years   |
| <input type="checkbox"/> | 152. | (b)(5)    | Staff awake and available  |                                     |      | (b)(3)    | Written documentation of training   |
| <input type="checkbox"/> | 153. |           | <b>SLEEP PROVISIONS</b>  |                                     |      | (c)(2)    | Trained staff on site when child is present   |
| <input type="checkbox"/> |      | (b)(6)    | Individual cot/crib with bedding   | <input checked="" type="checkbox"/> | 173. | (c)(3)    | Self-administration - written authorization and under supervision of trained staff                          |
| <input type="checkbox"/> |      | (b)(6)(A) | Sleeping apparel/toiletries labeled  | <input checked="" type="checkbox"/> | 174. | (d)(1)    | Equipment provided by parents   |
| <input type="checkbox"/> |      | (b)(6)(B) | Required bedding   | <input checked="" type="checkbox"/> | 175. | (d)(2)    | Equipment labeled and inaccessible  |
| <input type="checkbox"/> |      | (b)(6)(C) | Required toiletries  | <input checked="" type="checkbox"/> | 176. | (d)(3)    | Signed agreement with parent regarding equipment, supplies, materials to be discarded                       |
| <input type="checkbox"/> |      | (b)(6)(D) | Bedding/sleeping apparel laundered weekly  | <input checked="" type="checkbox"/> | 177. | (e)(1)    | Authorized prescriber written order   |
| <input type="checkbox"/> |      | (b)(7)    | Sleep arrangements for infants   | <input checked="" type="checkbox"/> | 178. | (e)(2)    | Written authorization from parent   |
| <input type="checkbox"/> | 154. | (b)(8)    | Air temp 65 °F at 3 ft   | <input checked="" type="checkbox"/> | 179. | (e)(3)    | Testing results and actions taken – documented and kept on file, ensure parents are notified daily          |
| <input type="checkbox"/> | 155. | (b)(9)    | Fire marshal approval-hours specified  |                                     |      |           |   |
| <input type="checkbox"/> | 156. | (b)(10)   | Local health approval  |                                     |      |           |   |

|  |   |
|--|---|
| <b>ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N</b>   | <b>ADDITIONAL VIOLATION</b>   |
| <input checked="" type="checkbox"/> 157. (9a)        | <input checked="" type="checkbox"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions <span style="float:right;">N/A</span> |
| <input checked="" type="checkbox"/> 158. (9a)        |   |
| <input checked="" type="checkbox"/> 159. (a)(2)      | <b>DISCUSSIONS - COMMENTS</b>   |
| <input checked="" type="checkbox"/> (a)(3)(A-B)      |   |
| <input checked="" type="checkbox"/> (a)(3)(C)        |   |
| <input checked="" type="checkbox"/> 160. (b)(1)(A/C) |   |
| <input checked="" type="checkbox"/> (b)(1)(D)        |   |
| <input checked="" type="checkbox"/> (b)(1)(E)        |   |
| <input checked="" type="checkbox"/> (b)(1)(F)        |   |
| <input checked="" type="checkbox"/> (b)(2)(A-B)      |   |
| <input checked="" type="checkbox"/> (b)(2)(C)        |   |
| <input checked="" type="checkbox"/> 161. (b)(3)(A-B) |   |
| <input checked="" type="checkbox"/> 162. (b)(3)(D)   |   |
| <input checked="" type="checkbox"/> 163. (b)(4)(A-B) |   |
| <input checked="" type="checkbox"/> 164. (b)(5)(A-B) |   |
| <input checked="" type="checkbox"/> 165. (b)(5)(C)   |   |
| <input checked="" type="checkbox"/> 166. (b)(5)(D)   |   |
| <input checked="" type="checkbox"/> 167. (b)(5)(E)   |   |
| <input checked="" type="checkbox"/> 168. (b)(6)      |   |
| <input checked="" type="checkbox"/> 169. (b)(7)(A-B) |   |
| <input checked="" type="checkbox"/> 170. (d)         |   |

|                                     |      |             |  |                                     |      |   |  |
|-------------------------------------|------|-------------|--|-------------------------------------|------|---|--|
| <input checked="" type="checkbox"/> | 157. | (9a)        | Written medication policies/procedures                           | <input checked="" type="checkbox"/> | 180. | - | Consent Order/Negotiated Corrective Action Plan conditions <span style="float:right;">N/A</span> |
| <input checked="" type="checkbox"/> | 158. | (9a)        | Permit enrollment of children with asthma, allergies, diabetes   |                                     |      |   |  |
| <input checked="" type="checkbox"/> | 159. | (a)(2)      | <b>NONPRESC. TOPICAL MEDICATION</b>                              |                                     |      |   |  |
| <input checked="" type="checkbox"/> |      | (a)(3)(A-B) | Admin/Parent permission/report errors                            |                                     |      |   |  |
| <input checked="" type="checkbox"/> |      | (a)(3)(C)   | Labeling and Storage   |                                     |      |   |  |
| <input checked="" type="checkbox"/> | 160. | (b)(1)(A/C) | Unused/expired meds destroyed/returned                           |                                     |      |   |  |
| <input checked="" type="checkbox"/> |      | (b)(1)(D)   | <b>MEDICATION TRAINING</b>                                       |                                     |      |   |  |
| <input checked="" type="checkbox"/> |      | (b)(1)(E)   | Medication training-general-oral/top/inhalant                    |                                     |      |   |  |
| <input checked="" type="checkbox"/> |      | (b)(1)(F)   | Injectable premeasured autoinjector medication                   |                                     |      |   |  |
| <input checked="" type="checkbox"/> |      | (b)(2)(A-B) | Rectal medication  |                                     |      |   |  |
| <input checked="" type="checkbox"/> |      | (b)(2)(C)   | Injectable other than premeasured auto-injector                  |                                     |      |   |  |
| <input checked="" type="checkbox"/> | 161. | (b)(3)(A-B) | Training approval documents/certificates                         |                                     |      |   |  |
| <input checked="" type="checkbox"/> | 162. | (b)(3)(D)   | Training outline on file   |                                     |      |   |  |
| <input checked="" type="checkbox"/> | 163. | (b)(4)(A-B) | Authorized prescriber/parent permission                          |                                     |      |   |  |
| <input checked="" type="checkbox"/> | 164. | (b)(5)(A-B) | Medication errors- documentation, parent(s) and OEC notification |                                     |      |   |  |
| <input checked="" type="checkbox"/> | 165. | (b)(5)(C)   | Medication Administration Records (MAR)                          |                                     |      |   |  |
| <input checked="" type="checkbox"/> | 166. | (b)(5)(D)   | Labeling and Storage   |                                     |      |   |  |
| <input checked="" type="checkbox"/> | 167. | (b)(5)(E)   | Emergency medication inaccessible                                |                                     |      |   |  |
| <input checked="" type="checkbox"/> | 168. | (b)(6)      | Unused/Expired meds-destroyed/returned                           |                                     |      |   |  |
| <input checked="" type="checkbox"/> | 169. | (b)(7)(A-B) | Auto-injector/inhalant equipment                                 |                                     |      |   |  |
| <input checked="" type="checkbox"/> | 170. | (d)         | Self-administration documentation                                |                                     |      |   |  |

|                               |                |                                      |             |
|-------------------------------|----------------|--------------------------------------|-------------|
| <b>SIGNATURE OF OEC STAFF</b> | Cathy Andersen | <b>SIGNATURE OF PERSON IN CHARGE</b> | Fatma Salem |
| <b>PRINTED NAME</b>           | Cathy Andersen | <b>PRINTED NAME</b>                  | Fatma Salem |

|  |   |
|--|---|
| <b>OEC DIVISION OF LICENSING</b><br>450 Columbus Blvd, Suite 302, Hartford, CT 06103<br>Help Desk: (800)282-6063 or (860)500-4450<br>Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oecl.licensing@ct.gov">oecl.licensing@ct.gov</a> | Inspection shall be posted or available for review upon request.  |
| Written Corrective Action Plan Due by: 12-24-24  | <b>CAP:</b> <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a> |

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Daycare Center Date: 12-10-24 Time: 9:30am  
Location Address: 481 Brewster St Bridgeport Telephone #: 203-296-1561  
e-mail address: Sdco481@gmail.com License #: 70706 Expiration Date: 6-30-27  
Capacity: 28 # of Children Present: 16 # of Staff Present: 8

**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

Purpose of visit: full inspection

#### Observations/Corrections needed:

- Regulation not in compliance when:
- #36 - 3 out of 8 child enrollment forms have physician <sup>CA</sup> information <sup>not</sup> complete
- #41 - 2 <sup>children</sup> with food allergies do not have a care plan on site
- #66 - PS room - ~~half~~ garbage can has rust
- Toddler room - radiator grate is not secured and sharp to the touch
- #109 - Toddler room - indoor climbing loft does not have impact absorbing material under and around.
- #128(e)(2) - tablets laying on 2 changing tables
- #133 - toys under 1 1/4" accessible to children
- Discussed
- 2024 regulations
- 1 out of 6 staff have a health form not complete

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: 12-24-24

Signature: Cathy Anderson  
(OEC Representative)  
Print Name: Cathy Anderson  
Signature: Fatma Salem  
(Person in Charge)  
Print Name: Fatma Salem