

**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 2	Date of Inspection:	1-21-25	Time of Arrival:	11/10am
Address:	110 Clermont Ave	License Number:	Pending	Expiration Date:	Pending
Town:	Bridgeport	Telephone Number:	203 449-1401	Summer Care:	Open
Operator:	Sunshine Daycare Center 2	# of Staff Present:	1	# over 3 Present:	0
Email:	SdKids110@gmail.com	Total Capacity:	Pending	Total Under 3 capacity:	Pending
Designated Director:	Janice Joyner	Hours/Days of Operation:	M-F 630am - 530pm		

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: 12-18-24

**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)(A) Group Size-Indoors/Outdoors
  - (d)(5)(B) Group Size-school age field trips/outdoors
- 29. (e)(1) Mixed age group-group size
- 30. (f)(1) Designated director-training
- 31. (f)(2) CPR certified program staff
- 32. (f)(2) First aid certified program staff
- 33. **PROFESSIONAL DEVELOPMENT**
  - (a)(2) Documentation
  - (h)(1)(2) Health & Safety training
  - (h)(1)(2) 1% annual hours
- 34. (4)(C)(ii-v) **SWIMMING ACTIVITIES - Y/N**
  - (4)(C)(i) Swimming-Ratios
  - (e)(6) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- 35. (i)(1)(A)-(D) **CONSULTANTS**
  - (i) Consultants-Education, Health, Social Service, Dietitian (N/A)
  - (i)(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

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

PROGRAM NAME Sunshine Daycare Center 2 LICENSE NUMBER Pending DATE OF INSPECTION 1-21-25

RECORD KEEPING 19a-79-5 PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained
<input checked="" type="checkbox"/> 37. <u>PARENT PERMISSIONS</u>	<input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls
<input checked="" type="checkbox"/> (a)(1)(D)(i) Emergency medical permission	<input checked="" type="checkbox"/> 74. (d)(3) Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> (a)(1)(D)(ii) Authorized release permission	<input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> (a)(1)(D)(iii) Field trip permission	<input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors N/A
<input checked="" type="checkbox"/> (a)(1)(D)(iv) Transportation permission	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 38. (a)(2)(A-B) Child Health Records	<input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 39. (a)(2)(C) Immunization records	<input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 40. (a)(2)(E) Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible
<input checked="" type="checkbox"/> 41. (a)(3)(A) Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 42. (a)(3)(B) Parent notification of illness or injury	<input checked="" type="checkbox"/> 82. <u>TOILETING</u>
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> (d)(10)(A) Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 44. (a)(3)(D) Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(10)(B) Toileting needs met
<input checked="" type="checkbox"/> 45. (a)(4) Video recordings- keep 30 days	<input checked="" type="checkbox"/> (d)(10)(C) Potty chairs-nonporous, emptied, disinfected

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"/> 83. (d)(11)
<input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks	<input checked="" type="checkbox"/> 84. (e)(1)
<input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 85. (e)(1)
<input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> (e)(2)
<input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection <u>N/A</u>	<input checked="" type="checkbox"/> (e)(3)
<input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> (e)(4)
<input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities	<input checked="" type="checkbox"/> 86. (e)(5)
<input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 87. (e)(5)
<input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 88. (e)(6)
<input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep	<input checked="" type="checkbox"/> 89. (e)(7)
<input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children	<input checked="" type="checkbox"/> 90. (e)(7)
<input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 91. (e)(7)
<input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area	<input checked="" type="checkbox"/> 92. (e)(7)
<input checked="" type="checkbox"/> 59. <input checked="" type="checkbox"/> (c) <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 93. (e)(7)
<input checked="" type="checkbox"/> 60. <input checked="" type="checkbox"/> (c) <u>FIRST AID SUPPLIES</u> -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"/> 94. (e)(8)
<input checked="" type="checkbox"/> 61. <input checked="" type="checkbox"/> (d) <u>FIRST AID SUPPLIES</u> -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> (e)(9)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>12-2-24</u>	<input checked="" type="checkbox"/> 95. (e)(10)
<input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 96. (e)(11)
<input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 97. (e)(12)
<input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 98. (e)(13)
<input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 99. (e)(14-15)
<input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> 100. (e)(16)
<input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 101. (e)(17)
<input checked="" type="checkbox"/> 69. (c)(5)(A) <u>WATER SUPPLY</u> - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 102. (e)(18)
<input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test - Date: <u>10-11-24</u>	<input checked="" type="checkbox"/> 103. (f)(1)(A)
<input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: <u>N/A</u>	<input checked="" type="checkbox"/> 104. (g)(1)
<input checked="" type="checkbox"/> 70. (c)(6)(A) Drinking water available/accessible	<input checked="" type="checkbox"/> 105. (g)(2)
<input checked="" type="checkbox"/> (c)(6)(A) <u>LEAD PAINT</u> - Peeling Paint - <u>N/A</u> Inside/Outside Building Pre-78: <u>N/A</u> Lead Test: <u>N/A</u> Results <u>no lead</u>	<input checked="" type="checkbox"/> 106. (g)(3)
<input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan <u>NA</u>	<input checked="" type="checkbox"/> 107. (g)(4)
<input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access	

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

PROGRAM NAME: Sunshine Daycare Center 2 LICENSE NUMBER: Pending DATE OF INSPECTION: 1-21-25

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

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

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

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

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

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) EDUCATIONAL REQUIREMENTS
  - (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
  - (b) Limited access to screen time/video games

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

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

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

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

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

<b>PROGRAM NAME</b>	Sunshine Daycare Center 2	<b>LICENSE NUMBER</b>	Pending	<b>DATE OF INSPECTION</b>	1-21-25
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<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b>	<b>MONITORING OF DIABETES 19a-79-13 Y/N</b>
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<input checked="" type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input type="checkbox"/>	172.		<u>STAFF TRAINING</u>
<input checked="" type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>		(b)(1)(A)	Staff training – first aid
<input checked="" type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/>		(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>		(i)-(iii)	Training updated at least every 3 years
<input checked="" type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>		(b)(2)	Written documentation of training
<input checked="" type="checkbox"/>	153.		<u>SLEEP PROVISIONS</u>	<input checked="" type="checkbox"/>		(b)(3)	Trained staff on site when child is present
		<input checked="" type="checkbox"/>	(b)(6) Individual cot/crib with bedding	<input checked="" type="checkbox"/>		(c)(2)	Self-administration - written authorization and under supervision of trained staff
		<input checked="" type="checkbox"/>	(b)(6)(A) Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>	173.	(c)(3)	Equipment provided by parents
		<input checked="" type="checkbox"/>	(b)(6)(B) Required bedding	<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment labeled and inaccessible
		<input checked="" type="checkbox"/>	(b)(6)(C) Required toiletries	<input checked="" type="checkbox"/>	175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
		<input checked="" type="checkbox"/>	(b)(6)(D) Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	176.	(d)(3)	Authorized prescriber written order
		<input checked="" type="checkbox"/>	(b)(7) Sleep arrangements for infants	<input checked="" type="checkbox"/>	177.	(e)(1)	Written authorization from parent
	154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>	178.	(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
	155.	(b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/>	179.	(e)(3)	
	156.	(b)(10)	Local health approval				

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N</b>	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				N/A

<b>NONPRESC. TOPICAL MEDICATION</b>	<b>DISCUSSIONS - COMMENTS</b>
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<input checked="" type="checkbox"/>	159.		Admin/Parent permission/report errors				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(a)(2) Labeling and Storage				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(a)(3)(A-B) Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(a)(3)(C) <u>MEDICATION TRAINING</u>				
<input checked="" type="checkbox"/>	160.	<input checked="" type="checkbox"/>	(b)(1)(A/C) Medication training-general-oral/top/inhalant				
		<input checked="" type="checkbox"/>	(b)(1)(D) Injectable premeasured autoinjector medication				
		<input checked="" type="checkbox"/>	(b)(1)(E) Rectal medication				
		<input checked="" type="checkbox"/>	(b)(1)(F) Injectable other than premeasured auto-injector				
		<input checked="" type="checkbox"/>	(b)(2)(A-B) Training approval documents/certificates				
		<input checked="" type="checkbox"/>	(b)(2)(C) Training outline on file				
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible				
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation				
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization				
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage				

<b>SIGNATURE OF OEC STAFF</b>	Cathy Anderson		<b>SIGNATURE OF PERSON IN CHARGE</b>
<b>PRINTED NAME</b>	Cathy Anderson	Kamara Moodie	<b>PRINTED NAME</b>

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request.
Written Corrective Action Plan Due by: <i>Prior to license</i>	<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>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Daycare Center 2 License # Pending Date: 1-21-25

Observations/Corrections needed:

All items on the inspection form were discussed

Corrections need for approval:

Regulation not in compliance when:

111(h)(3) - Wire and rust accessible by window on big playground

122-2 Cribs have worn wood on both on top <sup>accessible</sup> ~~accessible~~ to infants

101 - radon test on site is not in the limits

~~Items needed for approval:~~

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: Cathy Andre  
(OEC Representative)  
Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: Prior to approval

Signature: [Signature]  
(Person in Charge)  
Print Name: Kamara Klocke

SQUARE FOOTAGE REPORT

**30 OR 35 sq/ft**

Sunshine Daycare Center 2  
(Name of Program)

Pending  
(License Number)

\*30 sq/ft licensed prior 1986 (continuous basis)  
1-21-25  
(Date of Measurements)

**INDOOR SPACE**

Room: 1 : (20 x 12.93) + (2.08 x 5.33) + (12.50 x 5.25) + (      x     ) = 333.32  
(Name/Number) Totals 256.6 11.09 65.63 Minus

Under 3  
YES/NO Deduction: (      x     ) + (      x     ) + (      x     ) + (      x     ) =       
Totals                    

Description                      
Total 333.32 ÷ 35/30 = 9 OK for 8 <sup>under 3's</sup> children <sub>due to gross children size</sub>

Room: 2 : (9.52 x 5.25) + (14 x 22.17) + (5.42 x 2.67) + (      x     ) = 374.83  
(Name/Number) Totals 49.98 310.38 14.47 Minus

Under 3  
YES/NO Deduction: (      x     ) + (      x     ) + (      x     ) + (      x     ) =       
Totals                    

Description                      
Total 374.83 ÷ 35/30 =      OK for 10 children

Room: 3 : (19.25 x 9.33) + (      x     ) + (      x     ) + (      x     ) = 179.60  
(Name/Number) Totals 179.60 Minus

Under 3  
YES/NO Deduction: (      x     ) + (      x     ) + (      x     ) + (      x     ) =       
Totals                    

Description                      
Total 179.60 ÷ 35/30 = 5 OK for 4 <sup>due to fire</sup> children <sub>marshal signs</sub>

Room: 4 : (19.25 x 9.33) + (      x     ) + (      x     ) + (      x     ) = 179.60  
(Name/Number) Totals                     Minus

Under 3  
YES/NO Deduction: (      x     ) + (      x     ) + (      x     ) + (      x     ) =       
Totals                    

Description                      
Total 179.60 ÷ 35/30 = 5 OK for 4 <sup>due to</sup> children <sub>fire marshal signs</sub>

### SQUARE FOOTAGE REPORT

Sunshine Daycare 2  
(Name of Program)

Pending  
(License Number)

1-21-25  
(Date of Measurements)

**INDOOR SPACE**

Room: 5 : (2833 x 18) + (      x      ) + (      x      ) + (      x      ) = 509.94  
(Name/Number) Totals \_\_\_\_\_ Minus \_\_\_\_\_

Under 3  
 YES/NO Deduction: (      x      ) + (      x      ) + (      x      ) + (      x      ) =       
Totals \_\_\_\_\_ Minus \_\_\_\_\_

Description \_\_\_\_\_

Total 509.94 ÷ 35/30 = 14 OK for 10 <sup>of</sup> 103's children

Room: 6 : (18 x 8.17) + (9 x 8.17) + (      x      ) + (      x      ) = 220.59  
(Name/Number) Totals 147.06 73.53 Minus \_\_\_\_\_

Under 3  
 YES/NO Deduction: (      x      ) + (      x      ) + (      x      ) + (      x      ) =       
Totals \_\_\_\_\_ Minus \_\_\_\_\_

Description \_\_\_\_\_

Total 220.59 ÷ 35/30 = 6 OK for 6 children

Room: \_\_\_\_\_ : (      x      ) + (      x      ) + (      x      ) + (      x      ) = \_\_\_\_\_  
(Name/Number) Totals \_\_\_\_\_ Minus \_\_\_\_\_

Under 3  
YES/NO Deduction: (      x      ) + (      x      ) + (      x      ) + (      x      ) = \_\_\_\_\_  
Totals \_\_\_\_\_ Minus \_\_\_\_\_

Description \_\_\_\_\_

Total \_\_\_\_\_ ÷ 35/30 = \_\_\_\_\_ OK for \_\_\_\_\_ children

Room: \_\_\_\_\_ : (      x      ) + (      x      ) + (      x      ) + (      x      ) = \_\_\_\_\_  
(Name/Number) Totals \_\_\_\_\_ Minus \_\_\_\_\_

Under 3  
YES/NO Deduction: (      x      ) + (      x      ) + (      x      ) + (      x      ) = \_\_\_\_\_  
Totals \_\_\_\_\_ Minus \_\_\_\_\_

Description \_\_\_\_\_

Total \_\_\_\_\_ ÷ 35/30 = \_\_\_\_\_ OK for \_\_\_\_\_ children

Express the figure as whole number by rounding decimals down.

### SQUARE FOOTAGE REPORT

Sunshine Daycare Center 2  
(Name of Program)

(Not counted in capacity)  
Pending  
(License Number)

1-21-25  
(Date of Measurements)

**ACTIVITY ROOM (Not counted in capacity)**

Room: \_\_\_\_\_ : ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_  
(Name/Number) Totals \_\_\_\_\_ Minus \_\_\_\_\_

Under 3  
YES/NO/BOTH Deduction: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_  
Totals \_\_\_\_\_  
Description \_\_\_\_\_

Total \_\_\_\_\_ ÷ 35/30 = \_\_\_\_\_ OK for \_\_\_\_\_ children

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Room: \_\_\_\_\_ : ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_  
(Name/Number) Totals \_\_\_\_\_ Minus \_\_\_\_\_

Under 3  
YES/NO/BOTH Deduction: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_  
Totals \_\_\_\_\_  
Description \_\_\_\_\_

Total \_\_\_\_\_ ÷ 35/30 = \_\_\_\_\_ OK for \_\_\_\_\_ children

**OUTDOOR SPACE (Not counted in capacity)**

Playground 1: (36 x 30) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = 1,080 ÷ 75 = 14 PS(035)  
Under 3 Totals: 1,080 OK for 14 children  
YES/NO/BOTH 8 U3'S  
10 TWAS

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Playground 2: (51 x 41) + (47 x 27.5) + (12 x 10.58) = 3,512.1 ÷ 75 = 46 PS(035)  
Under 3 Totals: 2,091 1,292.5 126.96 3,510.46 OK for 46 children  
YES/NO/BOTH 8 U3'S  
10 TWAS

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Playground 3: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_ ÷ 75 = \_\_\_\_\_  
Under 3 Totals: \_\_\_\_\_ OK for \_\_\_\_\_ children  
YES/NO/BOTH

Express the figure as whole number by rounding decimals down.

\*Total of toilets for children: 3 Exclusive use for staff 1  
\*Total of sinks for children: 7

 TOTAL CAPACITY 42 INCLUDING 32 UNDER THE AGE OF 3

\* 1 toilet and 1 sink for every 16 children (For programs serving children under 6 years of age)  
\* 1 toilet and 1 sink for every 25 children (For programs serving school age ONLY)