

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Prays of sunshine childcare LLC LICENSE #: DCCE 70710
 LOCATION ADDRESS: 3211 N Main St TOWN: Waterbury INSPECTION REPORT DATE: 12/3/24

CAPs submitted that do not conform to the instructions provided on the back will not be accepted. Read the instructions carefully before completing this form. In accordance with this agency's policy, your CAP will be posted online and made accessible to parents and others seeking information pertaining to your child care program.

| Inspection Report Item # or Regulation | Corrective Action Taken NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance. | Exact Date Corrected | Check if Accepted (OEC Use Only) |
|--|--|----------------------|----------------------------------|
| 1 | Health Inspector came and did inspection | 12/6/24 | |
| 11 | Policy added | 12/4/24 | ✓ |
| 35 | logs was created and fill out at visit new contact | 12/11/24 | ✓ |
| 36 | Parents Removed or added Parent Information | 12/3/24 | ✓ |

Based on the inspection report, the licensee was cited for failure to comply with the regulations listed above. I hereby declare that the licensee has complied with the regulation(s) in the above manner. I understand the Agency reserves the right to re-inspect the above program to verify compliance with the regulations and to request a meeting with the licensee when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that the information I submit on this form is true.

If the violations of child care regulations referenced in the Report(s) related to this Corrective Action Plan reoccur in the future, the violations may no longer be considered resolved by this Corrective Action Plan and the Agency may bring disciplinary action based upon the violations identified in the Report(s) related to this Corrective Action Plan.

Providers/Operators are required by regulations and statutes to be in compliance at all times.

By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: R. Le...
(Provider/Operator)

12/13/24
(Date)

RETURN TO: Kristi Morgan
 Connecticut Office of Early Childhood
 450 Columbus Blvd, Suite 302
 Hartford, CT 06103 Fax: 860-326-0552

NAME OF PROVIDER/OPERATOR: Rays of Sunshine childcare LICENSE #: 70170 INSPECTION REPORT DATE: 12/31/24

| Inspection Report Item # or Regulation | Corrective Action Taken NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance. | Exact Date Corrected | Check if Accepted (OEC Use Only) |
|--|--|----------------------|----------------------------------|
| 40 | Individual care plan was signed by Parents | 12/9/24 | ✓ |
| 49 | menu will be monthly going forward | 12/6/24 | ✓ |
| 62 | Fee was paid and inspection was conducted | 12/11/24 | |
| 66 | A cord was given to the preschool room toiletter kitchen was screwed to the wall | 12/4/24 | |
| 86 | A portable water heater was order to use in the room | 12/13/24 | |
| 95 | Spray and whiteout was removed from bathrooms | 12/4/24 | ✓ |
| 116 | Policy was added books was added | 12/3/24 | ✓ |

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By checking this box, and typing my name below, I am electronically signing my CAF.
 Signed: R. Le
(Provider/Operator) (Date)

Printed Name: Rayann Lezama

NAME OF PROVIDER/OPERATOR: Rays of Sunshine childcare LICENSE # 70710 INSPECTION REPORT DATE: 12/3/24

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|--|--|----------------------|----------------------------------|
| 128 | A meeting was held with and the teacher cleaned an Area in her room to Prepare meals | 12/4/24 | ✓ |
| 133 | Small cars was put away to only use with supervision Policy was added for if the weather is to cold | 12/4/24 | ✓ |
| 139 | children will not use play scape. | 12/4/24 | ✓ |
| 160 | The nurse trained the Director and give Certificate. Nurse will train other teacher/staff, Toddler teacher got a copy | 12/6/24 | |
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By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: R. Le (Date)






Printed Name: Rayann Lezama

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF CAMP: _____ LICENSE #: _____ FILING TOWN: _____

LOCATION ADDRESS: _____ TOWN: _____ INSPECTION REPORT DATE: _____

CAPs submitted that do not conform to the instructions provided on the back will not be accepted. Read the instructions carefully before completing this form. In accordance with this agency’s policy, **your CAP will be posted online** and made accessible to parents and others seeking information pertaining to your camp program.

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Operators/Owners are required by regulations and statutes to be in compliance at all times.

By checking this box, and typing my name below, I am electronically signing my CAP.


Signed: _____
(Owner/Director) (Date)

Owner/Director’s Cell Phone #: _____

RETURN TO:
 Connecticut Office of Early Childhood
 450 Columbus Blvd, Suite 302
 Hartford, CT 06103
 Email: youthcamps@ct.gov

Please see the reverse side for guidance in completing this CAP, sample CAPs and instructions for Resolving Disputed Violations

NAME OF CAMP: _____ LICENSE #: _____ INSPECTION REPORT DATE: _____

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Signed: _____ (Date)

(Owner/Director)


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STATE OF CONNECTICUT

On 1/28/2025, the Office of the Waterbury Fire Marshal conducted an inspection of Ray's Of Sunshine Childcare located at 3211 North Main Street in Waterbury to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as a CHAPTER 17 EXISTING DAY CARE as classified by the CONNECTICUT FIRE SAFETY CODE. As a result of this inspection, the following conditions were found:

- I. At the time of inspection, no code violations were identified. **Certificate of approval recommended.**
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. (See attached information) **Certificate of approval recommended.**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted. (See attached information) **Certificate of approval NOT recommended.**
- IV. Based on the extreme hazard to public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our Town/City Attorney for the purpose of closing or restricting usage of this facility by the public. (See attached information) **Certificate of approval NOT recommended.**


Fire Marshal

1-28-25
Date

City or Town: WATERBURY

ENVIRONMENTAL INSPECTION REPORT

INSPECTION FOLLOW-UP INSPECTION COMPLAINT

Department of Public Health - Child Care Licensing Program
410 Capitol Ave., MS012 DAC, P.O. Box 34008, Hartford, Connecticut 06134-0208

W. J. Tedbury
Town _____
Date of Inspection 12/6/21
Date of Expiration 12/6/26

INSTRUCTIONS

Check = Compliance; Circle = Non-Compliance; 1 = Not Observed; 4 = Not Applicable

Licensed Capacity 29 Under 3 Endorsement 14 # Children Present 16 # Staff Present 6

Program Name Days of Sunshine License # 70710 Telephone # (203) 901-0100
Address 201 North Main Operator _____

Licentol for: Under 3 Yrs Pre-School (3-5 Years) School Age Night Care

| Physical Plant/Indoor Space 19a-79-7a | Health and Safety 19a-79-6a |
|---|---|
| <p><input checked="" type="checkbox"/> 1. Access premises through good repair. Equipment clean, in good repair, safe from use. Free from observable hazards.</p> <p><input checked="" type="checkbox"/> 4. Water supply in compliance with all PHC requirements.</p> <p><input type="checkbox"/> 4a. Customer of a Water Company Water Company Name: _____ Lead Water Test Date: _____ <input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits</p> <p><input checked="" type="checkbox"/> 4b. On-Site Well Qualification of Well - Check Date: _____ <input type="checkbox"/> Public Well - Well supplies 25 or more adults and children, only at least 60 days per year. (If not, then private well) <input type="checkbox"/> Private Well - Serves less than 25 adults & children</p> <p>Review of Water Quality Test Results</p> <p>i. Lead Water Test Date: _____ <input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits</p> <p>ii. Bacteriological Analysis Test Date: _____ <input checked="" type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits</p> <p>iii. Chemical Analysis Test Date: _____ <input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits</p> <p>Inspection of Well Well meets construction and separation distance requirements of CT Public Health Code Sections 19-13-B11a-m. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> 4c. Other (Please specify): _____</p> | <p><input checked="" type="checkbox"/> 11. Refrigeration in more than 45°</p> <p><input checked="" type="checkbox"/> 12. Food prep area through good repair</p> <p><input checked="" type="checkbox"/> 13. Food safety cleared</p> <p><input checked="" type="checkbox"/> 14. Food prep hand washing</p> <p><input checked="" type="checkbox"/> 15. Adequate dishwashing</p> <p><input checked="" type="checkbox"/> 16. Kitchens separated</p> <p><input type="checkbox"/> 17. Meals as appropriate: <input checked="" type="checkbox"/> Meals served <input checked="" type="checkbox"/> Cold breakfast <input type="checkbox"/> Meals transported</p> <p><input type="checkbox"/> Other _____</p> <p><input checked="" type="checkbox"/> Building: Pre 1978 Construction (Lead Inspection Required)</p> <p><input type="checkbox"/> No Lead-Based Paint Identified</p> <p><input type="checkbox"/> Lead Hazards Identified and Eliminated (Plan of Correction on file with Local Health Department)</p> <p><input type="checkbox"/> Intact Lead-Based Paint Identified (Management Plan on file with Local Health Department)</p> <p><input type="checkbox"/> Building: Post 1978 Construction</p> |
| <p>"REMARKS"</p> <p><input type="checkbox"/> Approval recommended. No code violations identified.</p> <p><input type="checkbox"/> Approval recommended with conditions (see below).</p> <p><input type="checkbox"/> Approval not recommended due to existing serious code violations.</p> | |
| <p><input checked="" type="checkbox"/> 6. Required toilets/sinks/waplines</p> <p><input checked="" type="checkbox"/> 7. Adequate ventilation in toilet room</p> <p><input checked="" type="checkbox"/> 7. Sewage disposal adequate</p> | |
| <p>Outdoor Space 19a-79-7a</p> <p><input checked="" type="checkbox"/> 8. Swimming pool complies with PHC 19-13-B11b</p> <p><input checked="" type="checkbox"/> 9. Playground free from observable hazards</p> <p><input checked="" type="checkbox"/> 10. Drinking water available, adequate, safe</p> | |

Signed (Inspector) _____ Date Corrections Due _____ Signed (Person in Charge) _____

amazon basles

Connecticut Department of Public Health

DH-2020-00000000

| | | |
|---|--|---|
| Food Establishment Inspection Report | | Page 1 of 2 |
| Risk Category: <u>4</u> | | Date: <u>12/6/21</u> |
| Establishment Type: <u>Permanent - Temporary Mobile Other</u> | | Time In: <u>AM/PM</u> Time Out: <u>AM/PM</u> |
| Establishment: <u>Keys of Sunshine</u> | | Inspected by: <u>Waters</u> |
| Address: <u>3211 North Main</u> | | Purpose of Inspection: <u>Routine</u> <input type="checkbox"/> <u>Pre-op</u> <input type="checkbox"/> |
| Town/City: <u>Waterbury</u> | | Reinspection: <input type="checkbox"/> Other: <input type="checkbox"/> |
| Permit Number: <u>101</u> | | |



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| Priority Item | Priority | Inspected | Compliant | Out of Compliance | Out of Compliance | Out of Compliance | Out of Compliance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FOOD HANDLING PRACTICES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mark OUT if numbered item is not in compliance. Evaluation type: Mark in compliance box for CGG level II. CGG controlled code during inspection. Removal violation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Handwashing Practices | | | | Food Color Additives and Toxic Substances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Good Retail Practices | | | | Compliance with Approved Procedures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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GOOD RETAIL PRACTICES

| Priority Item | Priority | Inspected | Compliant | Out of Compliance | Out of Compliance | Out of Compliance | Out of Compliance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| GOOD RETAIL PRACTICES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mark OUT if numbered item is not in compliance. Evaluation type: Mark in compliance box for CGG level II. CGG controlled code during inspection. Removal violation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Food Temperature Control | | | | Utensils and Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Prevention of Food Contamination | | | | Violations Summary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Permit holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature): _____ Date: 12/6/21

Person in Charge (Printed): Walter Moore

Inspector (Signature): _____ Date: 12/6/21

Inspector (Printed): Thomas D. Selvey

| | | |
|---|----------------------|---|
| Violations Documented | Date corrections due | # |
| Priority Item Violations | | |
| Priority Foundation Item Violations | | |
| Code Item Violations | | |
| Food Factor Public Health Intervention Violations | | |
| Food Risk Factor Public Health Intervention Violations | | |
| Good Retail Practices Violations | | |
| Request Reinspection - check box if you intend to reinspect | | |

The owner or operator of a food establishment approved by this order to correct any inspection violation identified by the food inspector or to hold, destroy or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.

Written Approval for
Administration of Medication Training for Children

Boyana Lezama
Name of Student
3211 N Main St Waterbury Ct 06704 203-217-7929
Address of Student (Street Address, City/Town, State, Zip Code) Phone Number of Student

The student has successfully mastered and demonstrated the required training in the methods of medication administration that included the required curriculum areas specified in Section 14a-77a-2a(1)(B) and/or Section 14a-77b-1(1)(B) of the Regulations of Connecticut State Agencies. In addition, the student has successfully completed training on the route(s) of administration noted below and therefore understands the indications, side effects, handling and methods of administration of such medication(s).

(Check all that apply)

- Oral, topical, and inhaled medication (valid for three years)
- Injectable medications by a premeasured commodity prepared auto-injector (valid for one year) Expiration Date: 12/16/25
- Rectal medications (valid for three years)-Family Child Care Providers Only Expiration Date: 12/16/25
- Injectable medications other than by a premeasured commodity prepared Expiration Date: _____
- Auto-injector (valid for three years)-Family Child Care Providers Only Expiration Date: 12/16/27

Trainer Information:

Heleno Granato
Full Name of Physician (M.D./D.O.) License Number: 121108

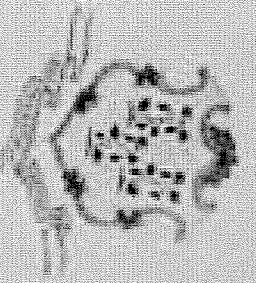
Pharmacist (R.Ph.), Physician Assistant (PA),
Advanced Practice Registered Nurse (APRN) or Registered Nurse (RN)

[Signature]
Signature / Title

30 N. Barnes St Water CT
Address

203-808-6663
Phone

12/16/2024
Date of Training
on site 3211 N Main St
Location of Training



STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES



MANDATED REPORTER TRAINING

This is to Certify that

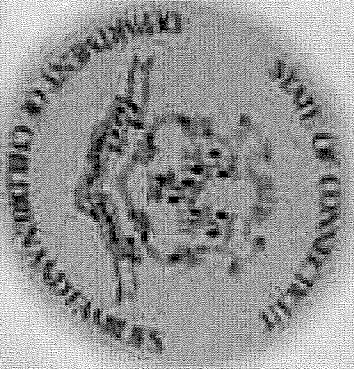
Rayann Lezama

has completed the online Mandated Reporter Training provided
by the Department of Children and Families on:

Dec 3, 2024

Please be advised that this is not a certification to provide this training as this is not a "Train the Trainer" course.

Tracy Davis
Director of The DCF Academy for Workforce Development



Morgan, Kristi

From: Ray's of sunshine Childcare LLC <rayannlezama@gmail.com>
Sent: Monday, December 23, 2024 2:46 PM
To: Morgan, Kristi
Subject: Re: Correction forms
Attachments: IMG_1745.jpg; IMG_1746.jpg; IMG_1742.jpg; IMG_1744.jpg; IMG_1743.jpg; Corrective-Action part 2.pdf; IMG_1747 (1).jpg; IMG_1748.jpg

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Plan For Outdoor Supervision For Under 3's

Play Area: Teachers will use a portable divider to safely block off the playscape area when children under the age of 3 are playing outdoors. The teachers will supervise the children with sight and sound at all times. Children under 3 can use floor toys and rocking toys. **NO CHILD UNDER 3 IS ALLOWED TO PLAY ON THE PLAYSCAPE.** A staff person who is CPR certified will be outside with the children at all times, teachers will have a cell phone on them in case of an emergency for all times while the children are outside. All staff will be trained to understand that the wood chips pose a choking hazard.

Swing for ages 2-5: Teachers will supervise children one at a time to use the 1 swing that is available for ages 2 years to 5 years old, each child will be allowed to use the swing with a teacher present, the child can not be left alone when on the swing. **NO CHILD UNDER 2 WILL BE ALLOWED ON THE PLAY SCAPE.**

***Mulch:** The soft shock absorbent material under and around the playscape can be a choking hazard to the children. Teachers will stand in a clear line of sight to prevent the children from putting the mulch in their mouth. If this happens the teacher will wash the child's mouth with water.

***Snow or cold temperatures:** Days when the weather is very cold or snowy, the teacher will not allow the children to claim the playscape. The cold makes the ground hard and frozen. Because of this it is not safe for the children to claim, slide or swing. The children can however play in the grassy area.

On Mon, Dec 23, 2024 at 12:07 PM Morgan, Kristi <Kristi.Morgan@ct.gov> wrote:

Hi Ray

I just reviewed your corrective action plan. Some corrections or further information is needed, please see below.

1. - Please scan and email me a copy of the local health inspection