

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Sunshine Preschool & Child Care	LICENSE NUMBER	80009	DATE OF INSPECTION	9/17/25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<input 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 type="checkbox"/>	111.		OUTDOOR SPACE
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input 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-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
<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, moderate and vigorous physical activity that takes place outdoors
<input checked="" type="checkbox"/>		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

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-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<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.		DIAPERING
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input type="checkbox"/>	128.	(e)(2)	DIAPERING cont.
<input checked="" type="checkbox"/>		(e)(3)	Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/>		(e)(4)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/>		(e)(5)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/>		(e)(6-9)	Diaper area: disposable paper sheets
<input checked="" type="checkbox"/>		(e)(7)	Covered waste receptacle-removed daily
<input checked="" type="checkbox"/>		(e)(8)	Handwashing-staff/children
<input checked="" type="checkbox"/>		(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input checked="" type="checkbox"/>	129.		Cloth diapers-written plan developed
<input checked="" type="checkbox"/>		(f)(1)	LINENS/CLOTHING
<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"/>		(g)(1)	Cribs/cots cleaned-linens changed when shared
<input type="checkbox"/>	130.		SAFE SLEEP
<input checked="" type="checkbox"/>		(g)(1)	Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/>		(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/>		(g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/>		(g)(2)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/>		(g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/>		(g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/>		(g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/>		(g)(6)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/>		(g)(7)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>		(g)(8)	Safe sleep policies - parents informed
<input checked="" type="checkbox"/>	131.		TOYS AND OTHER OBJECTS
<input checked="" type="checkbox"/>		(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>		(h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/>		(h)(2)	No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/>		(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>		(i)(1)(2A-C)	Health consultant visits/documentation
<input checked="" type="checkbox"/>	135.		FEEDING
<input checked="" type="checkbox"/>	136.		Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/>		(j)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/>		(k)(1)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/>		(k)(2)	Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/>		(k)(3)	Baby food served from dish or whole jar
<input checked="" type="checkbox"/>		(k)(4)	Bottles labeled with child's name
<input checked="" type="checkbox"/>		(k)(5)	Bottles labeled with child's name
<input checked="" type="checkbox"/>	137.		Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/>	138.		Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>	139.		Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N)

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.		SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/>		(c)	Written daily program plan-flexible schedule- available to staff/parents
<input checked="" type="checkbox"/>		(c)(1)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>		(c)(2)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>		(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	143.		Ratio- 1:15
<input checked="" type="checkbox"/>	144.		Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME <u>Swainsville Preschool & Child Care</u>	LICENSE NUMBER <u>80009</u>	DATE OF INSPECTION <u>9/17/25</u>
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RECORD KEEPING 19a-79-5a

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

HEALTH and SAFETY 19a-79-6a

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

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 6/23/25
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) **WATER SUPPLY** - Public/Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: 1/31/24
- (c)(5)(C) Bact./Chem Test-Date: _____ (N/A)
- 70. (c)(6)(A) Drinking water available/accessible
- (c)(6)(A) **LEAD PAINT** - Building Pre-78: Y/N Lead Test: Y/N Results lead identified every 6 months
- (c)(6)(B-D) Lead Management Plan _____
- Peeling Paint - Y/N Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.

- 71. (d)(1) Emergency vehicle access
- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens
- 75. (d)(4) Glass/mirrors protected- 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing and bedding
- 79. **SMOKING**
- (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
- (d)(8) Matches/lighters inaccessible
- (d)(9) Electrical safety - outlets inaccessible - covered or protected
- 81. **TOILETING**
- (d)(10)(A) Shared toilets/sinks-supervision plan
- (d)(10)(B) Toileting needs met
- (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
- (d)(10)(C) Required toilets/sinks-1:16
- (d)(10)(E) Toileting Supplies-Hand drying-Garbage
- (d)(10)(E) Handwashing staff/children
- (d)(10)(F) Toilets/sinks located at the facility
- (d)(10)(G) Well lighted/ventilated toilet rooms
- (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
- Staff personal articles inaccessible
- 82. **AIR TEMPERATURE**
- (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
- (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
- (e)(3) Water temperature 60°F-120°F
- (e)(4) Portable space heaters prohibited
- (e)(5) **WALLS/CEILINGS/FLOORS/RUGS**
- (e)(5) Walls/ceilings/floors/rugs-clean/good repair
- (e)(6) Rugs- not a tripping/slipping hazard
- (e)(6) Hot water/Steam pipes protected
- (e)(7) **TELEPHONE/TELEPHONE NUMBERS**
- (e)(7) Working phone on each level
- (e)(7) Emergency numbers posted-adjacent to phones
- (e)(7) Parents provided direct on site phone number
- (e)(8) **LIGHTING**
- (e)(8) All areas min. 1 foot candle of lighting
- (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible
- (e)(9) Enough lighting for comfort
- (e)(9) Light fixtures shielded/shatter proof
- (e)(10) Potentially hazardous substances, materials labeled, inaccessible
- (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
- (e)(12) Stairs-protected/good repair-handrails
- (e)(13) Toxic plants/materials inaccessible
- (e)(14-15) Pets or other animals-in good health, written care plan including access to children
- (e)(16) Measures to prevent vermin
- (e)(17) Radon test- Results: 0.8 pCi/L (Schls-N/A)
- (e)(18) Carbon monoxide detector-each level N/A
- (f)(1)(A) Program space-adequate-35 sq. ft. per child
- (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
- (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
- (g)(3) Air conditioners/water heaters/fuse boxes inaccessible
- (g)(4) Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Sunshine Preschool & Child Care	LICENSE NUMBER	80009	DATE OF INSPECTION	9/17/25
SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N <input checked="" type="checkbox"/>			MONITORING OF DIABETES 19a-79-13 Y/N <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) (c)(3)	
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 174.	(d)(1)	
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 175.	(d)(2)	
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 176.	(d)(3)	
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 177.	(e)(1)	
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 178.	(e)(2)	
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 179.	(e)(3)	
<input type="checkbox"/> 153.		SLEEP PROVISIONS			
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding			
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled			
	<input type="checkbox"/> (b)(6)(B)	Required bedding			
	<input type="checkbox"/> (b)(6)(C)	Required toiletries			
	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly			
	<input type="checkbox"/> (b)(7)	Sleep arrangements for infants			
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft			
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified			
<input type="checkbox"/> 156.	(b)(10)	Local health approval			

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N <input checked="" type="checkbox"/>	ADDITIONAL VIOLATION
<input checked="" type="checkbox"/> 157. (9a) Written medication policies/procedures <input checked="" type="checkbox"/> 158. (9a) Permit enrollment of children with asthma, allergies, diabetes <input checked="" type="checkbox"/> 159. (a)(2) Admin/Parent permission/report errors <input checked="" type="checkbox"/> (a)(3)(A-B) Labeling and Storage <input checked="" type="checkbox"/> (a)(3)(C) Unused/expired meds destroyed/returned <input checked="" type="checkbox"/> 160. (b)(1)(A/C) Medication training-general-oral/top/inhalant <input checked="" type="checkbox"/> (b)(1)(D) Injectible 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 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 (N/A)	<input checked="" type="checkbox"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

	DISCUSSIONS/COMMENTS
	"Policy review checklist provided during inspection highlighting changes to the child care center regulations, effective October 16, 2024. Program must ensure policies are updated to reflect new requirements."
	NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff		Signature of person in charge
Printed Name	Johanna Gutierrez	Printed Name

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 10/01/25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool & Child Care License # 80009 Date: 9/17/25

Observations/Corrections needed:

→ Program was not in compliance with the regulations when

#2(a) Observed a staff with an infant sleeping in her arms with thick blanket covering the infant's head.

~~#12(a)(1): Observed no documentation of arrival and departure times for 2 staff. OK(D)~~

#18 3a(d)(6)(c): No administrative oversight policy posted

#21(b): Observed 1 staff working in the infant room in need of background checks.

#33(h)(i): Observed 1 staff without documentation of health & safety training

#35 (i)-(j)(2)(A-H): Observed 1 agreement not current (Social Service) and 2 agreements missing required services (Education, Health).

#35 (F): Observed no documentation of annual review of policies by Education and Social Service Consultant.

~~#37(a)(1)(D)(i) No emergency medical permission was observed for 1 child. OK(D)~~

#54(a)(9): Upon arrival, observed the gate to the

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: [Signature]
(OEC Representative)
Print Name: Johanna Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 10/01/25

Signature: [Signature]
(Person in Charge)
Print Name: Johanna Gutierrez

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool & Child Care License # 80009 Date: 9/17/25

Observations/Corrections needed:

kitchen opened.

#97 (e)(12): Observed the gate protecting the stairs opened.

#104 (g)(1): Observed large box (unopen) leaning on the wall in preschool room.

#108 (g)(5): Observed a hammock stand and a hammock camping chain on the playground. No manufacturer's guidelines on site.

#111 (h)(2): Observed less than 8" fall zone of ship and observed no shock absorbing surfaces under rings on the ship.

#130 (g)(1): Observed 2 cribs with ~~out~~ loose sheets

#130 (g)(3): Observed a blanket in an infant crib while infant sleeping.

#130 (g)(4): Observed an infant sleeping in staff arms

#130 (g)(5): Observed child wearing a swaddling sack in crib.

#130 (g)(8): Observed no documentation that parents were informed of safe sleep policies.

#166 (b)(5)(D): Observed an expired antibiotic.

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Signature: [Signature]
(OEC Representative)

Print Name: Joyanne Salo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 10/01/25

Print Name: Shanna Gutierrez

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool & Child Care License # 80009 Date: 9/17/25

Observations/Corrections needed:

Discussion:

- ~~Observed 1 incomplete enrollment form~~ ^{ok} _{JD}
- Lead monitoring is every 6 months, last monitoring 2/15/25

Program has a trampoline on site, not in the licensed outdoor space, per operator, the trampoline is for personal use only.

A supervision plan will have to be written regarding the fire pit and child care children walking to and from the playground and walking by the fire pit.

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

Signature: [Signature]
(OEC Representative)

Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 10/01/25

Signature: [Signature]
(Person in Charge)

Print Name: Johanna Gutierrez