

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool & Childcare Date: 9/24/25 Time: 10:28am

Location Address: 409 Wall St Meriden Ct 06450 Telephone #: 203-440-0794

e-mail address: sunshine.meriden@hotmail.com License #: 80009 Expiration Date: 12/31/27

Capacity: 12 # of Children Present: 11 ^{wm} # of Staff Present: 4

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 _____
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Purpose of visit: Follow up inspection to inspection conducted on 9/17/25

Observations/Corrections needed:

19a-79-3a(a): In compliance at time of visit
19a-79-4a(b): In compliance at time of visit
19a-79-10(g)(1): In compliance at time of visit
19a-79-10(g)(3): In compliance at time of visit
19a-79-10(g)(4): In compliance at time of visit
19a-79-10(g)(5): In compliance at time of visit
19a-79-10(g)(8): In compliance at time of visit

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Dalo
Signature: [Signature]
(Person in Charge)
Print Name: Johanna Gutierrez