

REPORT OF INSPECTION

Name of Program/Provider: Sunshine Preschool & Child Care Date: 1/7/26 Time: 1:53
 Location Address: 409 Wall St. Meriden CT 06450 Telephone: 203-440-0794
 E-mail Address: Sunshine.meriden@hotmail.com ~~DCEN#~~: - ~~PCEN#~~ 80009
~~DCCC:~~ ~~DCGH:~~
 Ages Served: 6 weeks to 12 years of children present: 8 (4) # of staff present: 3

Purpose of Inspection: Unannounced Partial Inspection

Observations/Corrections needed:

19a-79-3a(a): Ensuring the safety & health of children: In compliance at time of visit.
19a-79-4a(b): Background checks: Observed a volunteer holding an infant. The volunteer does not have any background checks.
19a-79-10(g)(1), (3), (4)(5): Safe Sleep: In compliance at time of visit.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators are required to meet the Health & Safety Requirements at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 01/21/26

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