

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Sunshine Day Care Center Date: 8/4/23 Time: 1:30 pm  
Location Address: 481 Brewster St, Bridgeport Telephone #: 203-296-1561  
e-mail address: sdcc0481@gmail.com License #: 70706 Expiration Date: 6/31/27  
Capacity: 28 # of Children Present: 10 # of Staff Present: 4

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 <u>N/A</u>
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Purpose of visit: 2023-682


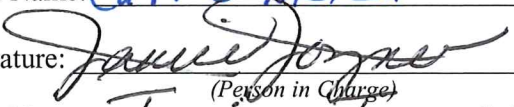
**Observations/Corrections needed:**

- (NS) 19a-79-3a(d)(8)(c) - Administration - Supervision and discipline staff - There is insufficient evidence to support that the operator failed to comply with the Operator's Supervision and Termination of Employment.
- (S) 19a-79-4a(f)(4)(D) - staffing - Supervision - when staff failed to supervised the children when a child was left unsupervised for a period of time.
- (S) 19a-79-10a(d) - Under three Endorsement - feeding - when staff placed an infant in a crib with a bottle during feeding. Staff failed to remove the infant from the crib and hold for bottle feeding.

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: 8/18/23

Signature:   
(OEC Representative)  
Print Name: Carlos Albizu  
Signature:   
(Person in Charge)  
Print Name: Janice Joyner