

**CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM**

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

Program Name:	Sonshine DayCare Center	Date of Inspection:	4-27-26	Time of Arrival:	12:30 p.m.
Address:	302 Hackmatack St.	License Number:	13128	Expiration Date:	2-28-30
Town:	Manchester	Telephone Number:	860-646-7160	Summer Care:	Yes
Operator:	Sonshine Day Care Center Inc.	# of Staff Present:	5	# over 3 Present:	20
Email:	Sonshinedcc@aol.com	Total Capacity:	36	# under 3 Present:	0
Designated Director:	Judy Tonzi	Total Under 3 capacity:	0	Ages Served:	3-12
		Hours/Days of Operation:	M-F, 6:30am - 5:30pm		

Instruction Codes: ✓ = Regulation in Compliance    O = Regulation not in Compliance    N/A = Not applicable at this time

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

**LICENSURE PROCEDURES 19a-79-2a**

1. (c)(8) Local Health Inspection-Date: 2/10/26

**ADMINISTRATION 19a-79-3a**

2. (a)	Ensuring health & safety of children
3. (b)	Overall management of program
4. (b)(6)	Employee orientation for new program staff
5. (b)(6)	Annual policy training for program staff
6. (b)(7)(A)	Child behavior management
7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
8. (b)(7)(C)	Child Protection
9. (b)(7)(E)	Mandated Reporting
10. (c)(1-4)	Notification of Change
11.	<u>POLICIES-COMplete/IMPLEMENTED</u>
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input type="checkbox"/> (d)(2)(B)(C)	Child Protection policy
<input type="checkbox"/> (d)(3)	Closing time policy
<input type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input type="checkbox"/> (d)(5)	Supervision policy
<input type="checkbox"/> (d)(6)	General Operating policies
<input type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input type="checkbox"/> (d)(7)	Personnel policies
12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
13.	<u>ACCESS</u>
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
14. (l)	2.8 yr olds in prek-authorization
15. (m)	Motor vehicle laws-transportation
16. (n)	Capacity
17. (o)	Respond to OEC-no false, misleading statements or documents
18.	<u>POSTINGS</u>
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight policy
<input type="checkbox"/> 3a(e)(3)	Menus posted
<input type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances
<input type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available
<input type="checkbox"/> 3a(e)(6)	Dev. Milestones posted
<input type="checkbox"/> 7a(e)(17)	Radon Test posted (Schls-N/A)
<input type="checkbox"/> 10((g)(8)	Safe Sleep policy posted

**STAFFING and CONSULTANTS 19a-79-4a**

19. (a)(1)	Staff health records
20. (a)(3)	Disciplinary actions
21. (b)	Comprehensive Background Checks
21a. (b)(2)	Past employment history
22. (b)(4)	Evidence of compliance with bknd cks/history
23. (d)	Adequate staffing
24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
25. (d)(2)	Two staff present-age 18 or older
26. (d)(3)(A-C)	Personal qualities of staff
27.	<u>RATIOS</u>
<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
<input type="checkbox"/> (d)(4)(B)	Mixed age group
<input type="checkbox"/> (d)(6)	Nap time ratio
28. (d)(4)(D)	Supervision-Indoors/Outdoors
29.	<u>GROUP SIZE</u>
<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
<input type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
<input type="checkbox"/> (d)(5)(B)	Mixed age group-group size
30. (e)(1)	Designated director-training
31. (f)(1)	CPR certified program staff
32. (f)(2)	First aid certified program staff
33.	<u>PROFESSIONAL DEVELOPMENT</u>
<input checked="" type="checkbox"/> (a)(2)	Documentation of prof. dev/trainings
<input type="checkbox"/> (h)(1)	Health & Safety training
<input type="checkbox"/> (h)(2)	1% annual hours
34.	<u>SWIMMING ACTIVITIES - Y/N</u>
<input type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
<input type="checkbox"/> (4)(C)(i)	Non-swimmers identified
<input type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
35.	<u>CONSULTANTS</u>
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input type="checkbox"/> (i) -	Consultant agreements-signed annually-
<input type="checkbox"/> (i)(2)(A-H)	agreements complete w/required services
<input type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
<input type="checkbox"/> (i)(2)	Consultant visits- Education/Health
<input type="checkbox"/> (H)(i)-(I)(i)	

	Contracts	Logs	Visits
Education			
Health			
Soc. Serv.			
Dietitian			

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<b>PROGRAM NAME</b> <u>Sonshine Day Care Center</u>	<b>LICENSE NUMBER</b> <u>13128</u>	<b>DATE OF INSPECTION</b> <u>4/27/26</u>
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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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<input checked="" type="checkbox"/> 36. <input checked="" type="checkbox"/> 37.  <input checked="" type="checkbox"/> 38. <input checked="" type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input checked="" type="checkbox"/> 41. <input checked="" type="checkbox"/> 42. <input checked="" type="checkbox"/> 43. <input checked="" type="checkbox"/> 44. <input checked="" type="checkbox"/> 45.	(a)(1)(A-C) <input checked="" type="checkbox"/> (a)(1)(D)(i) <input type="checkbox"/> (a)(1)(D)(ii) <input type="checkbox"/> (a)(1)(D)(iii) <input type="checkbox"/> (a)(1)(D)(iv) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	Children's Enrollment information <b>PARENT PERMISSIONS</b> Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 71. <input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76.  <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79.  <input checked="" type="checkbox"/> 81.  <input checked="" type="checkbox"/> 82.	(d)(1) (d)(2) (d)(3) (d)(3) (d)(4) (d)(5)  (d)(6), (f)(3) (d)(7)  <input type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(8) (d)(9)  <input checked="" type="checkbox"/> (d)(10)(A) <input type="checkbox"/> (d)(10)(B) <input type="checkbox"/> (d)(10)(C) <input type="checkbox"/> (d)(10)(C) <input type="checkbox"/> (d)(10)(E) <input type="checkbox"/> (d)(10)(E) <input type="checkbox"/> (d)(10)(F) <input type="checkbox"/> (d)(10)(G) <input type="checkbox"/> (d)(10)(H) (d)(11)  <input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84.  <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88.  <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91.  <input checked="" type="checkbox"/> 94.  <input type="checkbox"/> 95. <input checked="" type="checkbox"/> 96.  <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99.  <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104.  <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	Emergency vehicle access Walkways maintained Windows protected to prevent falls Window screens Glass/mirrors protected- 36" Overhead doors-locking devices, spring protectors <span style="float:right">(N/A)</span> Exits, stairs, hallways unobstructed Individual storage of clothing and bedding <b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected <b>TOILETING</b> Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94) (Grp Homes N/A) Staff personal articles inaccessible <b>AIR TEMPERATURE</b> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60°F-120°F Portable space heaters prohibited <b>WALLS/CEILINGS/FLOORS/RUGS</b> Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected <b>TELEPHONE/TELEPHONE NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number <b>LIGHTING</b> All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Measures to prevent vermin Radon test- Results: <u>2/19/21</u> <u>0-001-0.003</u> (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) Air conditioners/water heaters/fuse boxes inaccessible Developmentally app equipment, materials
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**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input checked="" type="checkbox"/> 48. <input checked="" type="checkbox"/> 49. <input checked="" type="checkbox"/> 50. <input checked="" type="checkbox"/> 51. <input checked="" type="checkbox"/> 52. <input checked="" type="checkbox"/> 53. <input checked="" type="checkbox"/> 54. <input checked="" type="checkbox"/> 55. <input checked="" type="checkbox"/> 56. <input checked="" type="checkbox"/> 57.  <input checked="" type="checkbox"/> 58. <input checked="" type="checkbox"/> 59.	(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1)  (b)(2) (c)	Preparation, transportation of food-follow DPH Model Food Code (N/A) Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection _____ (N/A) Kitchen-clean/safe storage of food/supplies(N/A) Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84.  <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88.  <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91.  <input checked="" type="checkbox"/> 94.	(e)(1) <input checked="" type="checkbox"/> (e)(2) (e)(3) (e)(4)  <input type="checkbox"/> (e)(5) <input type="checkbox"/> (e)(5) (e)(6)  <input checked="" type="checkbox"/> (e)(7) <input type="checkbox"/> (e)(7) <input type="checkbox"/> (e)(7)  <input type="checkbox"/> (e)(8) <input type="checkbox"/> (e)(9)  <input type="checkbox"/> (e)(9) <input type="checkbox"/> (e)(9) (e)(10)  (e)(11)  (e)(12) (e)(13) (e)(14-15)  (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1)  (g)(2) (g)(3) (g)(4)
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**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input checked="" type="checkbox"/> 64. <input checked="" type="checkbox"/> 65. <input checked="" type="checkbox"/> 66. <input checked="" type="checkbox"/> 67. <input checked="" type="checkbox"/> 68. <input checked="" type="checkbox"/> 69.  <input checked="" type="checkbox"/> 70.	(a)(2) (b) (b)(1)-(5) (b)(6) (c)(2) (c)(3) (c)(4) <input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)  <input type="checkbox"/> (c)(6)(A) <input type="checkbox"/> (c)(6)(B-D)	Fire marshal codes/certificate <u>5/30/25</u> Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program Building/Equipment/Furnishings-sanitary, hazard free (N/A) Testing of premises/grounds for chemicals <b>WATER SUPPLY</b> - Public/Well (Schools-N/A) Lead Water Test - Date: <u>1/9/26</u> Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible <b>LEAD PAINT</b> - Building Pre-78: Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Lead Test: Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Results _____ Lead Management Plan _____  Peeling Paint - Y/N      Inside/Outside	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96.  <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99.  <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104.  <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	(e)(10)  (e)(11)  (e)(12) (e)(13) (e)(14-15)  (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1)  (g)(2) (g)(3) (g)(4)
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**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. **OUTDOOR SPACE**
- (h)(1) Adequate space- 75 sq. ft. per child
- (h)(2) Shock absorbing surfaces-minimum 8"
- (h)(3) Playground free from hazards
- (h)(4) Nuts, bolts, screws-tight, covered/protected
- (h)(5) Outside equipment anchored-anchors buried
- (h)(6) New equip- cert playg. Inspection upon request
- (h)(8) Drinking water available/accessible
- (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. **OUTDOOR PROTECTED/FENCED**
- (h)(7) Playground protected from traffic, water, gullies or other hazards
- (h)(7)(A) Fences installed to protect from hazards-4 ft
- (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. **WATER HAZARDS**
- (i) Pools, swimming areas- (N/A) conforms to 19-13-B33b and 19a-36-B61
- (i) Wading pools prohibited
- (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 116. (a) **EDUCATIONAL REQUIREMENTS**
- (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
- (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

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
- 120. (c)(4) Physical barriers separating each group of children- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs/Pack-n-Plays -in compliance w/CPSC
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. **DIAPERING**
- (e)(1) Diaper area: elevated/sturdy/safety rail

**SCHOOL AGE ENDORSEMENT 19a-79-11** Y/N

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

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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>MONITORING OF DIABETES 19a-79-13</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
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<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
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	(a)(1)	<b>STAFF TRAINING</b>
			<input type="checkbox"/> 173.	(b)(1)(A)	Staff training – first aid
			<input type="checkbox"/> 174.	(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
			<input type="checkbox"/> 175.	(i)-(iii)	
			<input type="checkbox"/> 176.	(b)(2)	Training updated at least every 3 years
			<input type="checkbox"/> 177.	(b)(3)	Written documentation of training
			<input type="checkbox"/> 178.	(c)(2)	Trained staff on site when child is present
			<input type="checkbox"/> 179.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
			<input type="checkbox"/> 174.	(d)(1)	Equipment provided by parents
			<input type="checkbox"/> 175.	(d)(2)	Equipment labeled and inaccessible
			<input type="checkbox"/> 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
			<input type="checkbox"/> 177.	(e)(1)	Authorized prescriber written order
			<input type="checkbox"/> 178.	(e)(2)	Written authorization from parent
			<input type="checkbox"/> 179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

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

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			
<input checked="" type="checkbox"/> 159.		<b>NONPRESC. TOPICAL MEDICATION</b>	<b>DISCUSSIONS/COMMENTS</b> • Faucet loose in 3s+4s • I stained ceiling tile above clock in 3s+4s • Adding second head teacher to license  NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.		
<input checked="" type="checkbox"/> 160.	(a)(2)	Admin/Parent permission/report errors			
	(a)(3)(A-B)	Labeling and Storage			
	(a)(3)(C)	Unused/expired meds destroyed/returned			
	(b)(1)(A/C)	<b>MEDICATION TRAINING</b>			
	(b)(1)(D)	Medication training-general-oral/top/inhalant			
	(b)(1)(E)	Injectable premeasured autoinjector medication			
	(b)(1)(F)	Rectal medication			
	(b)(2)(A-B)	Injectable other than premeasured auto-injector			
	(b)(2)(C)	Training approval documents/certificates			
<input type="checkbox"/> 161.	(b)(3)(A-B)	Training outline on file			
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Authorized prescriber/parent permission			
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Medication Administration Records (MAR)			
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Labeling and Storage			
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Emergency medication inaccessible			
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Unused/Expired meds-destroyed/returned			
<input checked="" type="checkbox"/> 168.	(b)(6)	Auto-injector/inhalant equipment			
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Self-administration documentation			
<input checked="" type="checkbox"/> 170.	(d)	Petition for special medication authorization			
		Potassium Iodide (KI) emergency distribution-permission and storage (N/A)			

<b>Signature of OEC staff</b>	Caroline Adams	<b>Signature of person in charge</b>	Judy T. Tonzi
<b>Printed Name</b>	Caroline Adams	<b>Printed Name</b>	Judy T. Tonzi

Connecticut Office of Early Childhood  
Division of Licensing  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sonshine Day Care Center License # 13128 Date: 4/27/26

Observations/Corrections needed:

- # ~~40. Observed 3 care plans without staff signatures.~~ CA
- # 161. Observed 1 medication (rx albuterol) without start/end dates of use on authorization form.
- # 166. Observed expired Albuterol inhaler (exp. 12/31/25).

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: Caroline Adams

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/11/26

Signature: [Signature]  
(Person in Charge)  
Print Name: Judy T. Tonzi