

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunflower Family Learning Center Date: 8-16-21 Time: 9:40 AM

Location Address: 24 Whittier St Telephone #: 203-945-1770

e-mail address: Gsmm4like@gmail.com License #: 70528 Expiration Date: 11-30-23

Capacity: 51 # of Children Present: 23 # of Staff Present: 10

Consent to Inspect Family Child Care Home	<i>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</i> <u>NA</u>
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Purpose of visit: Follow up on violation #130 that was cited on 8-9-21

Observations/Corrections needed:

#130 - in compliance at this time.

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: NA

Signature: Cathy Anderson
(OEC Representative)

Print Name: Cathy Anderson

Signature: Shardae Hepburn
(Person in Charge)

Print Name: Shardae Hepburn