☐ Initial ☑ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunflower Family Learning Center Date: 10-21-20 Time: 12 40pm

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

e-mail address: Gsmm41.fe@gmail.com License #: 70528 Expiration Date: 11-30-20

Capacity: 51 # of Children Present: 30 # of Staff Present: 10

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***

Purpose of visit: Partial - from 8-9-21 #130 Violation

Observations/Corrections needed:

No Corrections 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: _____

Signature: Cathy Anderson
(OEC Representative)

Print Name: Cathy Anderson

Signature: _____
(Person in Charge)

Print Name: Malcolm Wilson