

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunflower Family Learning Center Date: 8/2/22 Time: 8:20 AM  
Location Address: 24 Whittier Street Bridgeport, CT 06605 Telephone #: (203) 945-1770  
e-mail address: SunflowerFamilyLearningCenter@gmail.com License #: 70528 Expiration Date: 11-30-23  
Capacity: 57 # of Children Present: 12 # of Staff Present: 4

**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: Follow up to 6-28-22 inspection

Observations/Corrections needed:

- 6- Professional development and safe sleep policies not available for review
- 38- 2 care plans not signed by parent and staff
- 74- measured 30.8 scarecrow A, 37.2 munchkins
- 113- Observed dishes in hand washing sink in infant room, observed dishwashing liquid, sponge and bottle brush at hand washing sink in little munchkins
- 116- 1 strap missing in infant room table
- 123- Not posted at diapering areas in bathrooms
- 130- Observed blankets in cribs of infants under 12 months, 1 observed mattress not flat
- 24 and 25- No documentation available for review to verify staff trained
- Child with rectal medication no longer enrolled
- Infant no longer sleeping in bouncer as child has no medical condition

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: 8-16-22

Signature: J. R. Roberts

Print Name: Jenni R Roberts  
(OEC Representative)

Signature: Stacey Wilson

Print Name: Stacey Wilson  
(Person in Charge)