

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunflower Family Learning Center Date: 8/15/22 Time: 8:45am
Location Address: 24 Whittier St. Bpt, Ct. 06605 Telephone #: (203) 945-1770
e-mail address: Sunflowerfamilylearningcenter@gmail.com License #: 70528 Expiration Date: 11.30.23
Capacity: 51 # of Children Present: 15 # of Staff Present: 6

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow Up- Safe Sleep

Observations/Corrections needed:

No Safe Sleep violations at this visit

S= 19a-79-3a (a) Program failed to ensure the safety of children in care when 4 staff are in a "NBC" status in BCIS and are currently working with children - immediate correction required. Discussed requirement

Program to submit a current staff work schedule with corrective action plan.

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: 8.19.22

Signature: [Signature]
(OEC Representative)

Print Name: Tim R Roberts

Signature: [Signature]
(Person in Charge)

Print Name: Shoree Wilson