

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunflower Family Learning Center Date: 9/21/22 Time: 3:15

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

e-mail address: Sunflowerfamilylearningcenter@gmail.com license #: 70528 Expiration Date: 11/30/23

Capacity: 51/29 # of Children Present: 28 # of Staff Present: 8

**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: Investigation 2022-775

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D) - Staffing, supervision - Staff failed to provide adequate supervision of children at all times, when staff was observed to walk out of classroom area leaving 5 toddlers on her side of the room unsupervised.

⑤ 19a-79-10(c)(2) Under three endorsement, ratio - Operator failed to maintain ratio of 4 children to one staff when 5 children under 3 years was in a group with one staff person.

⑤ 19a-79-7a(g)(1) Physical plant, equipment - kitchen set in prek room moves easily when pushed with fingers. Kitchen set is aprox. 4 feet tall and is a tipping hazard.

⑤ 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: 10/5/2022

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Shanelle Wilson
(Person in Charge)

Print Name: Shanelle Wilson

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunflower Family Learning Center License # 70528 Date: 9/21/22

Observations/Corrections needed:

(NS) 19a-79-4a(a)(3) Staffing, documentation of prof. development -
Operator provided evidence of staff prof. development. Staff interviewed confirmed receiving training.

(NS) 19a-79-3a(d)(4)(A) Administration, medical emergency plan -
Operator provided evidence of following medical emergency plan to address serious injury at program.

(NS) 19a-79-4a(e)(2) Staffing, first aid trained person on site -
Operator provided evidence of first aid trained person available to attend to injury.

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(OEC Representative)
Print Name: Karen Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Shanelle Wilson
(Person in Charge)
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