

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunflower Family Learning Center Date: 10/5/22 Time: 9:20

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: 29 # of Staff Present: 5+

<b>Consent to Inspect Family Child Care Home</b>	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 _____
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Purpose of visit: Follow-up visit for investigation 2022-775 on 9/21/22

**Observations/Corrections needed:**

(S) 19a-79-7a(g)(1) Physical plant, equipment - in addition to the item cited on 9/21/22, additional issue with bookshelf that child fell off of at time of incident. Bookshelf was not secured or placed securely against wall to prevent shelf from falling over.

(NS) 19a-79-4a(c)(4)(D) Staffing, supervision - Operator in compliance with supervision at time of visit.

(NS) 19a-79-10(c)(2) Under three endorsement, ratio - Operator in compliance with ratios at time of follow-up visit.

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: 10/19/2022

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Shanelle Wilson  
(Person in Charge)

Print Name: Shanelle Wilson