

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Sunflower Family Learning Center Date: 1/24/23 Time: 2pm  
Location Address: 24 Whittier St. Bridgeport, CT 06605 Telephone #: (203) 945-1770  
e-mail address: Sunflowerfamilylearningcenter@gmail.com License #: 70528 Expiration Date: 11-30-23  
Capacity: 51 # of Children Present: 32 # of Staff Present: 6

**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 - Ratio

Observations/Corrections needed:

S = 19a-79-3a(d)(5)(B) Ratio Policy  
NS = 19a-79-4a(c)(4)(B) mixed age ratio  
S = 19a-79-10(c)(2) under 3 ratio observed 1:7

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: 2-7-23

Signature: Terr K Roberts  
(OEC Representative)  
Print Name: Terr K Roberts  
Signature: Shosé Wilson  
(Person in Charge)  
Print Name: Shosé Wilson