

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunflower Family Learning Center Date: 1/18/23 Time: 8:05 am  
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: 12 # of Staff Present: 2

**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 1.17.23 visit - Ratio

Observations/Corrections needed:

S=19a-79-4a (c)(4)(B) - Observed 8:1 mixed age  
S=19a-79-3a (d)(5)(B) - Ratio Policy not implemented as observed

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(OEC Representative)

Signature: [Signature]  
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/1/23