

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunflower Family Learning Center Date: 2/8/23 Time: 3:40

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: 17 # of Staff Present: 5

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: Partial inspection - reference 2022-775 on 9/22/22

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) staffing supervision - operator in compliance at time of inspection.

(NS) 19a-79-10(c)(2) Under three ratios - operator in compliance with ratios at time of inspection.

(NS) 19a-79-7a(g)(1) Physical plant, equipment - operator in compliance at time of inspection. In process of moving out. Some areas of program not in use. Operator has barred access to closed classrooms.

(S) 19a-79-4a(a)(1) Medical statement for staff - operator unable to provide evidence of medical statement for one staff upon request.

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: 2/22/23

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Shanette Wilson
(Person in Charge)

Print Name: Shanette Wilson