

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunflower Family Learning Center Date: 8/23/23 Time: 12:45p

Location Address: 1470 Barnum Avenue, Bridgeport Telephone #: 203-945-9770

e-mail address: sunflowerfamilylearning@gmail License #: 70528 Expiration Date: 11/20/23

Capacity: 54 # of Children Present: — # of Staff Present: —

Consent to Inspect	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home	child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature	<u>N/A</u>

Purpose of visit: NCAP Monitoring

Observations/Corrections needed:

(NS) Pursuant to General Statutes § 4-177 - 19a-79-10
(c)(2) - The Operator contacted an education
consultant to conduct on-site observations
for one year as follows: monthly for six months,
followed by quarterly for six months. Consultant
first observation was conducted within two
months of the effective date of the Consent Order.

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)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: Shanell Wilson
(Person in Charge)