

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sunflower Learning Center      Date: 3/20/25      Time: 9:30

Location Address: 1470 Barnum Ave. Bridgeport      Telephone #: 203 864-4530

e-mail address: support@sunflowerlearningcenter.org      License #: 70528      Expiration Date: 11/30/27

Capacity: 54/29      # of Children Present: 24/9      # of Staff Present: 7+

<b>Consent to Inspect Family Child Care Home</b>	<i>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 _____</i>
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Purpose of visit: Investigation 2025-255

Observations/Corrections needed:

(S) 19a-79-6a(a)(3) Proper refrigeration - regulation not met when child's bottles were not refrigerated when child arrived for care.

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**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: 4/3/2025

Signature: Karen Hicks  
(OEC Representative)  
Print Name: Karen Hicks  
Signature: [Signature]  
(Person in Charge)  
Print Name: Shore Wilson