



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	SUNFLOWER LEARNING CENTER				License Number	DCCC.70528		Date of Inspection	01/07/2026		
					Expiration Date	11/30/2027		Time of Inspection	08:44 AM		
Address	1470 BARNUM AVE BRIDGEPORT CT 06610-3237				Telephone	(203) 945-1770		Licensed Capacity	112		
					Hours of Operation	7:00 AM – 5:00 PM		Under Three Capacity	29		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 12 weeks years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	Support@sunflowerlearningcenter.org					
Operator	SUNFLOWER FAMILY DAYCARE LLC				Director	SHANELLE MARIE WILSON					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Karen Hicks					
Numbers of Staff/Children Present	# Children Present under age 3	3	# Total Children Present	7	# of Staff Present	3	Purpose of Visit	Partial inspection for case 2025-812; ratios			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations
--	-----------------------

No violations were cited during this inspection

Statute and/or Regulation and Description:	
--	--

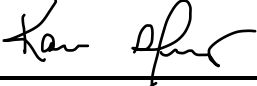

Statute and/or Regulation and Description:	
--	--

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(A-B) and (d)(6)] 027- Ratios
Program in compliance with ratios at time of visit.	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
--	-----------	--

Signature of OEC Representative			Signature of Person in Charge
Printed Name	Karen Hicks	Cassandra Soto	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
---	--	---

OEC Representative's Email: karen.hicks@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
---	--