

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CIFC/Greater Norwalk Head Start - ELY Date: 9/16/21 Time: 1:00

Location Address: 11 Ingalls Ave. Norwalk Telephone #: 203 791-5090

e-mail address: taxiltaridis N@ ct-institute.org License #: 70435 Expiration Date: 9/30/22

Capacity: 76/16 # of Children Present: 33/6 # of Staff Present: 8+

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 _____

Purpose of visit: Investigation 2021 - 607

Observations/Corrections needed:

PIC: Tracey Smith + Nicole Taxiltaridis

(NS) 19a-79-10(e) Diapering and toileting, under 3 endorsement -
Unable to substantiate that program did not follow proper
toileting/diapering policy

(NS) 19a-79-7a(e)(10) Physical plant, storage of hazards
Unable to substantiate that potentially hazardous wipe was
~~not~~ not kept out of reach of children. Wipes were stored
with diaper supplies which were locked in cabinet.

(S) 19a-79-3a(a) Administration, ensure health + safety of children -
Operator failed to keep children safe + healthy when staff member
mixed up diapering wipes with sanitizing wipes. Sanitizing
wipes were poorly labeled. One child experienced a rash due to
exposure.

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: 9/30/2021

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: _____
(Person in Charge)

Print Name: Tracey Smith