

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CIFC/Greater Norwalk Head Start-EL Date: 10/6/21 Time: 10:00

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

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

Capacity: 76/16 # of Children Present: 45/10 # of Staff Present: 8+

**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: Follow-up for investigation 2021-629 on 9/20/21

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(A) Staffing, ratios - Operator was within ratios at time of visit.

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: N/A.

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Nicole Taxitaridis
(Person in Charge)

Print Name: Nicole Taxitaridis