

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Norwalk Head Start - ELY Date: 12/15/21 Time: 11:30

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: 76/14 # of Children Present: 61/9 # of Staff Present: 12+

<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: Partial inspection

Observations/Corrections needed:

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\_\_\_\_\_  
(NS) 19a-79-4a(c)(4)(A) Staffing, ratios maintained at all times  
Ratios and group size were in compliance at time  
of this visit.  
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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: N/A.

Signature: Karen Hicks  
(OEC Representative)  
Print Name: Karen Hicks  
Signature: Kendra Veazey  
(Person in Charge)  
Print Name: Kendra Veazey