

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CIFC/Greater Norwalk HeadStart Date: 4/4/22 Time: 9:50

Location Address: 11 Ingalls Ave Norwalk Telephone #: 203 791-5095

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

Capacity: 76/14 # of Children Present: 35 # of Staff Present: 9+

**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 visit for investigation 2022-130

Observations/Corrections needed:

(NS) 19a-79-10(c)(3) Under three endorsement, group size
Operator in compliance with this regulation
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: _____
(Person in Charge)

Print Name: Tracey Smith