

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CIFC / HSNFC Head Start Program Date: 4/1/22 Time: 1:30

Location Address: 37 Foster St. Danbury Telephone #: 203 743-3993

e-mail address: scottr@cifc.org License #: 16641 Expiration Date: 11/30/24

Capacity: 260/40 # of Children Present: 172 # of Staff Present: 33+

Consent to Inspect Family Child Care Home	<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: Investigation 2022-200

Observations/Corrections needed:

(P) 19a-79-39(d)(5)(c) Administration, indoor + outdoor supervision policy - pending completion of interviews

(S) 19a-79-4a(c)(4)(D) Staffing, supervision - operator failed to supervise children at all times when a child was left on playground for aprox. 3 minutes.

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: 4/15/2022

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Brandon Scott
(Person in Charge)

Print Name: Brandon Scott