

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CIFC/HSNFC Head Start Program Date: 4/8/22 Time: 10:35

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: 199 # of Staff Present: 34+

**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 2022-200

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) Staffing, supervision - operator was in compliance with this regulation at time of inspection.

(NS) 19a-79-3a(d)(5)(C) Administration, implement policy for indoor/outdoor supervision - unable to substantiate that staff did not follow policy of counting children and visually sweep playground before leaving area.

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: Rob Scott
(Person in Charge)

Print Name: Rob Scott