

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CIFC / HSNFC Head Start Program Date: 6/2/23 Time: _____

Location Address: 39 Foster St, Danbury Telephone #: 203-743-3993

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

Capacity: 240 # of Children Present: 133 # of Staff Present: 20

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: <u>N/A</u>
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Purpose of visit: 2023-470

Observations/Corrections needed:

(S) 19a-79-3a(d)(7)(B) - Administration -
Parents agreement - There is sufficient evidence to support Operator is not in compliance with the general operating policies agreement with parents when they are facing a staff shortage and parents have to be called in to pick up children or keep their child at home.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature] Carlos Albizu
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6/16/23

Signature: [Signature] 6/2/23
(Person in Charge)