

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cornerstone Community Church Center <sup>Early Learning</sup> Date: 9/13/24 Time: 11:35

Location Address: 718 West Ave. Norwalk Telephone #: 203 831-8349

e-mail address: celc718@yahoo.com License #: 14107 Expiration Date: 4/30/26

Capacity: 49/30 # of Children Present: 29/20 # of Staff Present: 10

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: NCAP Monitoring Visit

Observations/Corrections needed:

Condition 1a and 1b - Reviewed conditions

(NS) Condition 2 - memo to parents re: pick up + drop off during remediation work was dated 8/26/2024.

(NS) Condition 3 - windows + exterior doors observed closed at time of visit.

(NS) Condition 4a - routine cleaning being conducted daily + documented in classrooms.

(NS) Condition 4b - deep cleaning of hallways and entryways being conducted. Stressed it must be done weekly.

(NS) Condition 5a - visual checks being conducted daily

(NS) Condition 5b - children have no access to outdoor area under remediation. Exit door is observed with tape and signage.

(S) Condition 5c - no documentation of visual checks observed upon request. Operator created form before visit concluded.

(S) S = Substantiated (NS) 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: 9/27/2024

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Debra Horton  
(Person in Charge)

Print Name: Debra Horton

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cornerstone Community Church License # 14107 Date: 9/13/24  
Early Learning Center

Observations/Corrections needed:

- NS Condition 6 - no child observed in halls/entryways at time of visit. Gates observed or closed doors to prevent children from accessing halls.
- NS Condition 7a+b - Operator states that children are washing hands throughout day and upon entering facility. Observed one class washing hands prior to eating lunch at time of visit.
- NS Condition 8a - Director had access to lead management plan.
- NS Condition 8b<sup>tc</sup> Documentation observed + discussed.
- NS Condition 9a+b - Norwalk Health Dept lead management plan is available for review. Health dept was present on 9/9/24 and two weeks prior to monitor project.
- NS Condition 10 + 10b - Organizational chart with contact information was created and posted on parent board at entrance.

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: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Debra Horton  
(Person in Charge)

OEC BY: \_\_\_\_\_

Print Name: Debra Horton