

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CIFC/HSNFC Early Head Start Date: 4/30/25 Time: 2:15

Location Address: 80 main st. Danbury Telephone #: 203-743-3993

e-mail address: scott@cifc.org License #: 70375 Expiration Date: 10/31/25

Capacity: 32 # of Children Present: 13 # of Staff Present: 11

**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 on efc step.

Observations/Corrections needed:

in compliance

3:3

5:2

1:2

4:2

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: NA

Signature: [Signature]
(OEC Representative)

Print Name: Kristi Morgan

Signature: [Signature]
(Person in Charge)

Print Name: Tara Nielson