

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CIFC/HSNFC Early Head Start Date: 7/10/25 Time: 12:20

Location Address: 80 Main St Danbury Telephone #: 203 743-3993

e-mail address: Scottt@cifc.org License #: 70378 Expiration Date: 10/31/25

Capacity: 40 # of Children Present: 22 # of Staff Present: 8

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: Partial inspection based on 4/14/25 inspection

Observations/Corrections needed:

- 10 - change form - In compliance
- 18 - In compliance
- 59 - In Compliance
- 55 - porch field trip - no longer using porch.
- 66 - items piled high on table still, vent dusty in bathroom - ^{not} in compliance
- 70 - Management Plan - Not in compliance. Monitored every 6 months ^{not observed}
- 82 - Mechanical vent - Not in Compliance. ^{not working} in infant
- 130 - Safe sleep in compliance - reviewed with staff policy posted in room. NO infants with jewelry during naptime

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: 7/24/25

Signature: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin
Signature: [Signature]
(Person in Charge)
Print Name: Monica Martins