

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Center Greater Waterbury ^{Health Network} Date: 9/28/21 Time: 1:20
Location Address: 172 Grandview Ave. Waterbury Telephone #: 203 437-8969
e-mail address: ggatling-ellison@eswct.com License #: 15747 Expiration Date: 2/28/22
Capacity: 146/32 # of Children Present: 63/17 # 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: Investigation 2021-670

Observations/Corrections needed:

PIC: Gail Gatling-Ellison

(S) 19a-79-4a(c)(4)(D) Staffing, supervision - operator failed to provide supervision at all times when one child was left on playground for almost 5 minutes before being found by another classroom teacher.

(S) 19a-79-3a^(d)(~~b~~)(7) Administration, implement policies - operator failed to follow supervision/transition policy ^(counting children) when staff did not recount children upon returning to classroom in a timely manner

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: _____

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Gail Gatling-Ellison
(Person in Charge)
Print Name: Gail Gatling-Ellison