

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: 10/15/21 Time: 10:40

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: 53/19 # of Staff Present: 12+

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature
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Purpose of visit: Follow-up to investigation 2021-670 on 9/28/21

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) Staffing, supervision - operator
in compliance with this regulation at time of
visit.

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
(Person in Charge)

Print Name: Gail Gatling-Ellison