

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA Webster Hill Kidslink Date: 11/18/21 Time: 1:30 PM

Location Address: 125 Webster Hill Blvd West Hartford Telephone #: 860 521 1163 x 243

e-mail address: dominique.p@ywcawesthartford.org License #: 12547 Expiration Date: 3/31/25

Capacity: 70 # of Children Present: 16 # of Staff Present: 2

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 <u>N/A</u>
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Purpose of visit: Self reported incident case 2021-820

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to
supervise a child when they left a child in
the bathroom unattended for 1 minute and went
outside before she was found by another staff member.

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: 12/2/21

Signature: [Signature]
(OEC Representative)
Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)
Print Name: Dominique Place