

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Center Greater Waterbury Date: 1/31/22 Time: 2:45

Location Address: 172 Grandview Ave. Telephone #: 203 437-8969

e-mail address: ggatling-ellison@eswct.com License #: 15747 Expiration Date: 2/28/20

Capacity: 146/32 # of Children Present: 50 # of Staff Present: 10

**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

Observations/Corrections needed:  
\_\_\_\_\_

NS 19a-79-4a(c)(5) Staffing, supervision  
Operator in compliance with supervision at time  
of inspection

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: N/A

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Gail Gatling  
(Person in Charge)

Print Name: Gail Gatling-Ellison