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

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA Duffy Kidslink Date: 3/14/22 Time: 3:25

Location Address: 95 Westminster Dr, West Hartford Telephone #: (860) 525-1163 x 241

e-mail address: tinag@ywcahartford.org License #: 13326 Expiration Date: 3/31/2026

Capacity: 95 # of Children Present: 42 # of Staff Present: 7

| | |
|---|---|
| ***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*** N/A |

Purpose of visit: Ratio Follow-up

Observations/Corrections needed:

Ratio in compliance at this 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: N/A

Signature: Erin Wright
*(OEC Representative)*
Print Name: Erin Wright

Signature: _____
*(Person in Charge)*
Print Name: Tina Gadden