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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA Duffy Kids Link Date: 5/16/22 Time: 3:30

Location Address: 95 Westminster Dr, West Hartford Telephone #: (800) 525-1163 x241

e-mail address: tinag@ywcahartford.org License #: 13326 Expiration Date: 3/31/26

Capacity: 95 # of Children Present: 44 # 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 Partial

Observations/Corrections needed:

Ratio in compliance.

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 Wraight
(OEC Representative)
Print Name: Erin Wraight

Signature: Tracy J. Charette
(Person in Charge)
Print Name: Tracy Charette