

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA Wolcott Kids Link Date: 2/6/23 Time: 3:15

Location Address: 71 Wolcott Rd, West Hartford Telephone #: (800)500-3216

e-mail address: jennag@ywc Hartford.org License #: 13328 Expiration Date: 3/31/26

Capacity: 60 # of Children Present: 19 # of Staff Present: 3

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 <u>NIA</u>
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Purpose of visit: Ratio Partial

Observations/Corrections needed:

19a-79-11(d) - school age 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.

Signature: Erin Wraight
(OEC Representative) Erin Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NIA

Signature: [Signature]
(Person in Charge)