

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Ctr Greater Watby Health Date: 3/10/23 Time: 11:45 AM

Location Address: 172 Grandview Ave Waterbury Telephone #: 203 437 8969

e-mail address: ggatling-ellison@eswct.com License #: 15747 Expiration Date: 2/28/26

Capacity: 146/32 # of Children Present: 83 # of Staff Present: 16

**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: Self report Case 2023-182

Observations/Corrections needed:

S 19a-79-3a(a) - Administration - Ensuring the health, safety and development of children - Staff failed to ensure the health and safety of a child when he was fed another child's bottle.

NS 19a-79-4a(c)(4)(b) - Staffing - Supervision - No evidence to support that staff are not supervising the children at any time.

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: 3/24/23

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

Signature: [Signature]
(Person in Charge)
Print Name: Gail Gatling Ellison