

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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA Stevens Kidslink Date: 3/17/25 Time: 3:00 PM
Location Address: 322 Orchard Street Rocky Hill Telephone #: 800-500-6863
e-mail address: camelia1@ywc Hartford.org License #: 12705 Expiration Date: 3/31/29
Capacity: 68/0 # of Children Present: 17 # of Staff Present: 2

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 _____
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Purpose of visit: Partial visit for case 2025-1301

Observations/Corrections needed:
19a-79-4a(d)(4)(C) Staffing - Supervision
(NS) Program in compliance with supervision of children during DEC visit today.

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: Evelyn Vicente-Quinones
(OEC Representative)
Print Name: Evelyn Vicente-Quinones
Signature: Ashley Carter
(Person in Charge)
Print Name: Ashley Carter