

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ywca of New Britain Date: 11/4/21 Time: 1:30pm
Location Address: 19 Franklin Square New Haven, CT 06511 Telephone #: (860) 225-4681 x20
e-mail address: Bmarini@ywca-newbrtain.org License #: 13507 Expiration Date: 4/30/22
Capacity: 431/20 # of Children Present: 66 # of Staff Present: 22

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 _____
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Purpose of visit: Follow-up -

Observations/Corrections needed:

Pic - Brittany Marini - assistant Director

(NS) 19a-79-4a(c) 4(D) - Staffing - Supervision - ^(W) Program Per asst.
Director program has been assuming the supervision of the children at all times
The program has implemented new procedures to assist staff w/ supervision of children,

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: s/a

Signature: Valecia Williams
(OEC Representative)

Print Name: Valecia Williams

Signature: Brittany Marini
(Person in Charge)

Print Name: Brittany Marini