

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 06051 Telephone #: (860) 225-4681 x20  
e-mail address: Britannia.ywca@newbrtain.org License #: 13507 Expiration Date: 4/30/22  
Capacity: 437/20 # 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

Purpose of visit: Follow-up

Observations/Corrections needed:

Pic - Brittany Marini - assistant Director

(NS) 19a-79-4a(c) 4(D) - Staffing - Supervision - ~~Per~~ Per asst.  
Director program has been assuring 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: n/a

Signature: Valecia Williams  
(OEC Representative)

Print Name: Valecia Williams

Signature: Brittany Marini  
(Person in Charge)

Print Name: Brittany Marini