

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA of New Britain Childcare Ctr Date: 4-1-22 Time: 11:30

Location Address: 19 Franklin Sq., New Britain Telephone #: 860-225-4681

e-mail address: 95059@ywcaneubritain.org License #: 13507 Expiration Date: 4-30-24

Capacity: 437 # of Children Present: 88 # of Staff Present: 20

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. Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: case # 2022-123 follow up

Observations/Corrections needed:

NS 19a. 79-4a(e)(4)(D) - supervision - observed proper supervision in all classrooms

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: _____

Signature: [Signature]
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Anne Soursq