

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: 3-10-22 Time: 10
Location Address: 19 Franklin Sq., New Britain Telephone #: 860-725-4681
e-mail address: asouso@ywcnewbritain.org License #: 13507 Expiration Date: 4-30-22
Capacity: 437 # of Children Present: 81 # of Staff Present: 15

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 # 2022-119

Observations/Corrections needed:

P 19a.79.3a(a) - ensure the safety, health, and development
of the children

P 19a.79.3a(b)(8)(E) - reporting to DCF

All regulations pending investigations

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 Souso