

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 #: 800-225-4681

e-mail address: asousa@ywcagnewbritain.org License #: 13507 Expiration Date: 4-30-22

Capacity: 477 # of Children Present: 88 # of Staff Present: 20

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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: case #2022-119 follow up

Observations/Corrections needed:

S 19a-79-3a(b)(8)(E) on 2-4-22 staff failed to call  
DCF for an incident that was reported  
to management

**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: 4-15-22

Signature: [Signature]  
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]  
(Person in Charge)

Print Name: Anne Sousa