

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA of New Britain Child Care Ctr Date: 7-1-22 Time: 1
Location Address: 19 Franklin Sq., New Britain Telephone #: 860-225-4681
e-mail address: asousa@ywcaneubritain.org License #: 13507 Expiration Date: 4-30-26
Capacity: 428 # of Children Present: 68 # of Staff Present: 16

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: 3 month follow up for case 2022-123

Observations/Corrections needed:
NS 19a.79.4g(c)(4)(i) - supervision - observed proper supervision and ratios 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: Kenn Eddy
Signature: [Signature]
(Person in Charge)
Print Name: Paola S. Abrey