

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA of New Britain Child Care Ct 5 Date: 7-1-22 Time: 1

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

e-mail address: 95029@ywcaneubritain.org License #: 13507 Expiration Date: 4-3-22

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>
--	---

Purpose of visit: Case 2022-461

Observations/Corrections needed:

S 19a-79-49(c)(4)(b) - supervision - a child was left unsupervised in the bathroom for approximately 5 minutes

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: 7-15-22

Signature: [Signature]
(OEC Representative)

Print Name: Kenn Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Paula J. Abreu