

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA of New Britain Child Care Date: 7-8-22 Time: 9

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

e-mail address: asouza@ywcaneubritain.org License #: 13507 Expiration Date: 4-30-26

Capacity: 428 # of Children Present: 71 # of Staff Present: 21

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Case 2022-461 follow up

Observations/Corrections needed:

NS 19a.79.4a(c)(4)(D) - supervision - observed proper supervision and ratios at time of visit

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 Souza