

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: 10-6-22 Time: 1

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

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

Capacity: 428 # of Children Present: 78 # of Staff Present: 22

Consent to Inspect
Family Child Care Home
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 _____

Purpose of visit: 3 month partial for case 2022-461

Observations/Corrections needed:
NS - 19 or 79-49 (e) (1)(D) - 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.

Signature: [Signature] Karen Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(Person in Charge)
Brittany Marini