

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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA of New Britain Child Care Center Date: 8/14/25 Time: 9:15 AM
Location Address: 19 Franklin Square New Britain Telephone #: 860-225-4681
e-mail address: lauren@ywcaneubritain.org License #: 13507 Expiration Date: 4/30/26
Capacity: 368/48 # of Children Present: 0 # of Staff Present: 40

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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Case 2025-877

Observations/Corrections needed:

19a-79-3a(a) Administration - ensuring health and safety
Pending further investigative interviews

19a-79-5a(a)(2)(E) Record Keeping - care plan
Pending further investigative interviews

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: Ma

Signature: Dulynia Quinones
(OEC Representative)
Print Name: Evelyn Vicente Quinones
Signature: Tracey Madon-Hanberry
(Person in Charge)
Print Name: Tracey Madon-Hanberry