

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

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 Childcare Date: 12.22.25 Time: 1:30 pm
Location Address: 19 Franklin Square Telephone #: 860-225-4681
e-mail address: Keshiag@ywcaneubritain.org License #: 13507 Expiration Date: 4/30/26
Capacity: 368^{u3}/48 # of Children Present: 70^{u3}/15 # of Staff Present: 21+

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 <u>n/a</u>
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Purpose of visit: follow up to 11.17.25 inspection

Observations/Corrections needed:

#10 Notification of change: VOK

#35 consultants: VOK

#54 kitchen seperated: VOK

#63 Indoor/outdoor space approved: VOK

#70 Lead management plan: complete
Lead test and management plan not complete (send copy)

#75 Glass protected: VOK

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: 1/5/25

Signature: Betty Mayer

(OEC Representative)

Print Name: Betty Mayer

Signature: Keshia Gregory

(Person in Charge)

Print Name: Keshia Gregory

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA New Britain ^{child} care License # 13507 Date: 12.22.25

Observations/Corrections needed:

#77 Exits unobstructed: VOK

#82 Toileting: VOK

#94 Lighting: VOK

#104 equipment in Good repair: VOK

#111 outdoor space: VOK

#121 Adequate sinks: VOK

#131 Toys and objects: VOK

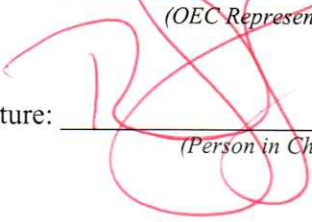
Discussion: keep documentation of mechanical ventilation in licensing binder with exact location of tested vents.

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Signature: Betty mayer
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 
(Person in Charge)

OEC BY: 1/5/25