

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Friends Center for Children Date: 5/23/22 Time: 1:00pm

Location Address: 227 E. Grand Ave New Haven, CT 06513 Telephone #: 203-468-1966

e-mail address: mbillings@friendscenterforchildren.org License #: 16847 Expiration Date: 12/31/22

Capacity: 102 # of Children Present: 62 # of Staff Present: 14+

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

Purpose of visit: Follow up case 2022-261 Supervision

Observations/Corrections needed:

Observed compliance with supervision regulations  
at the time of the 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: N/A

Signature: [Signature]  
(OEC Representative)  
Print Name: Stephanie Pa  
Signature: [Signature]  
(Person in Charge)  
Print Name: Melanie Billings