

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Friends Center For Children Date: 7/12/2022 Time: 11:45AM

Location Address: 227 East Grand Ave. New Haven, CT. Telephone #: _____

e-mail address: info@friendscenterforchildren.org License #: 16847 Expiration Date: 12/31/2023

Capacity: 102 # of Children Present: 43 # of Staff Present: 15+

**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: Follow up to full unannounced inspection 7/13/2022

Observations/Corrections needed:

observed all violations from 7/13/2022 unannounced full inspection to be corrected.

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: Budgett
(OEC Representative)

Print Name: BUDGETT HEERIN

Signature: Jessica Legere
(Person in Charge)

Print Name: Jessica Legere