

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Friends Center For children Date: 10/24/22 Time: 1:40 pm

Location Address: 227 E Grand Ave New Haven, CT 06513 Telephone #: 203 468-1960

e-mail address: jlegere@friendscenterforchildren.org License #: 16847 Expiration Date: 12/31/2026

Capacity: 102^{43 40} # of Children Present: 61^{43 33} # of Staff Present: 11

**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 _____

N/A

Purpose of visit: Self-reported incident case # 2022-856

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D): Staffing - Supervision - Staff failed to assure the supervision of children at all times when a teacher transitioned a group of children inside, from the outdoor play area, and left one child unattended on the playground for approximately 2-3 minutes, when they were discovered by a teacher ~~in~~^{so from} another classroom.

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: 11/7/2022

Signature: Stephanie Pica

(OEC Representative)

Print Name: Stephanie Pica

Signature: Jessica Legere

(Person in Charge)

Print Name: Jessica Legere