

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Friends Center for Children Date: 9/6/22 Time: 11:05 am

Location Address: 227 E Grand Ave New Haven, CT 06513 Telephone #: 203-968-1966

e-mail address: jlegere@friendscenterforchildren.org License #: 16847 Expiration Date: 12/13/2022

Capacity: 102^{u340} # of Children Present: 52 # of Staff Present: 14

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: Partial 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 Pe
Signature: Jessica Legere
(Person in Charge)
Print Name: Jessica Legere