

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Friends Center for Children Date: 8/23/23 Time: 1040

Location Address: 227 E. Grand Ave New Haven Telephone #: 203 468 1966

e-mail address: Mbillings@friendscenterfor License #: 16847 Expiration Date: 12/31/26

Capacity: 102/140 # of Children Present: 0 # of Staff Present: 27

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

Purpose of visit: Complaint Investigation Case 2023-811

Observations/Corrections needed:

(S) 19a-79-4a(c)(D) - Staffing - Supervision - Staff failed to supervise
a child when she was left in a bathroom unattended for
about 1 minute.

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: 9/12/23

Signature: [Signature]

(OEC Representative)
Print Name: Lauren Hall

Signature: [Signature]

(Person in Charge)
Print Name: Melanie Billings