

Connecticut Office of Early Childhood  
Division of Licensing  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Friends Center for Children Date: 9/13/24 Time: 8:30AM  
Location Address: 495 Blake St, New Haven Telephone #: 203-468-1968  
e-mail address: info@friendscenterforchildren.org License #: 70516 Expiration Date: 10/31/27  
Capacity: 44 # of Children Present: 16 # of Staff Present: 7

**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: 2024-514 (3 mos F/U)

Observations/Corrections needed:

(Ns) 19a-79-4a(c)(4)(D) - Supervision - Operator  
is in compliance with the supervision policy indoors  
and outdoors.

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: [Signature]  
(OEC Representative)

Signature: [Signature]  
(Person in Charge)  
Aundrea Tabbs-Smith