



**DIVISION OF LICENSING**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INVESTIGATION**

Program Name	FRIENDS CENTER FOR CHILDREN				License Number	DCCC.70792		Date of Inspection	11/20/2025		
					Expiration Date	11/30/2028		Time of Inspection	10:50 AM		
Address	25 FLINT ST NEW HAVEN CT 06513				Telephone	(203) 468-1966		Licensed Capacity	40		
					Hours of Operation	7:30 AM - 5:30 PM		Under Three Capacity	40		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 weeks - 3 years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	info@friendscenterforchildren.org					
Operator	FRIENDS CENTER FOR CHILDREN INC				Director	KATHERINE FLORES					
Endorsements	Under Three				Name of Inspector	Kristi Morgan					
Numbers of Staff/Children Present	# Children Present under age 3	29	# Total Children Present	29	# of Staff Present	9	Purpose of Visit	Follow up 2025-1228 Supervision			

**SUBSTANTIATED VIOLATIONS**

Statute and/or Regulation and Description:	[19a-79-5a(a)(4)]	045- Video recordings- keep 30 days
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Program not in compliance with maintaining video recordings for a period of not less than 30 days when camera footage is recorded by motion detection and stored to a certain size. The camera in question was being triggered by an HVAC fan therefore was not storing more than a few days. Program was not aware that this was happening.

Statute and/or Regulation and Description:	
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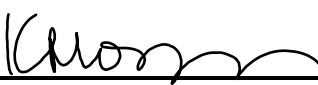

Statute and/or Regulation and Description:	
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<b>Statute and/or Regulation and Description:</b>	
<b>NOT SUBSTANTIATED or PENDING</b>	
<b>Statute and/or Regulation and Description:</b>	<div style="display: flex; justify-content: space-between;"> <span>[19a-79-4a(d)(4)(D)]</span> <span>028- Supervision</span> </div> <p>Not Substantiated</p>
<p>The regulation regarding supervision was found to be in compliance during this visit.</p>	
<b>Statute and/or Regulation and Description:</b>	

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**DISCUSSIONS/COMMENTS**

Were Violations cited during this visit? Y or N?	<b>Yes</b>	<b>NOTE:</b> * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	<b>Kristi Morgan</b>	<b>Katherine E. Flores Gonzales</b>	Printed Name
2 <sup>nd</sup> OEC Representative	<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>		

	Written Corrective Action Plan due by: <b>12/04/2025</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>kristi.morgan@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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