



DIVISION OF LICENSING

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

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	FRIENDS CENTER FOR CHILDREN					License Number	DCCC.70792		Date of Inspection	05/28/2026	
						Expiration Date	11/30/2028		Time of Inspection	03:00 PM	
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 – 3 weeks – 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, JOHANNA COLON-DAVILA				
Endorsements	Under Three					Name of Inspector	Karen Hicks				
Numbers of Staff/Children Present	# Children Present under age 3	25	# Total Children Present	25	# of Staff Present	9	Purpose of Visit	3 month partial inspection for case 2026-61; supervision			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations										
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No violations were cited during this inspection

Statute and/or Regulation and Description:											
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Statute and/or Regulation and Description:											
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REGULATIONS IN COMPLIANCE

Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)] 028- Supervision
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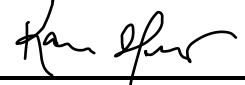

The regulation regarding supervision was found to be in compliance during this visit.

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	No	NOTE: * 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	Karen Hicks	Johanna Colon Davila	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.		

	Written Corrective Action Plan due by:	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 Website: www.ctoec.org
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OEC Representative's Email: karen.hicks@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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