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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nasir's Youth Group Date: 8/9/2023 Time: 11:10AM

Location Address: 70 Compton St. LL New Haven, CT 06511-3510 Telephone #: 203-285-7712

e-mail address: afrasier416@hotmail.com License #: 30020 Expiration Date: 6/30/2025

Capacity: 12 # of Children Present: 6 # of Staff Present: 2

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*** _____

Purpose of visit: Partial inspection for 2 staff present #20

Observations/Corrections needed:

observed no violations

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: _____
(OEC Representative)

Print Name: BRIDGET L. HERRIN

Signature: _____
(Person in Charge)

Print Name: Shequita Baker