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

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Connecticut Friends School Date: 5/15/25 Time: 2:30

Location Address: 317 New Canaan Rd Wilton Telephone #: 203-762-9460

e-mail address: lindadherman@gmail.com License #: 70349 Expiration Date: 2/28/29

Capacity: 58/8 # of Children Present: 11 # of Staff Present: 6

| | |
|---|---|
| ***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: follow up on fence + ratio/group size

Observations/Corrections needed:

11:4 in compliance

**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: N/A

Signature: _____
*(OEC Representative)*
Print Name: Kristen Morgan

Signature: Linda Herman
*(Person in Charge)*
Print Name: Linda Herman