

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Nasir's Youth Interest Group Date: 7/29/25 Time: 9:40<sup>AM</sup>

Location Address: 18 Compton St. LL New Haven Telephone #: 203 285 7712

e-mail address: afrasier4le@hotmail.com License #: 80020 Expiration Date: 6/30/29

Capacity: 12 # of Children Present: 9 # of Staff Present: 5

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 <u>N/A</u>
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Purpose of visit: Complaint Investigation Case 2025-731

Observations/Corrections needed:

⑤ 19a-79-4a(d)(1) - Staffing - Head teacher - No documentation that the head teacher is on site 100% of operating hours.

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: 8/12/25

Signature: Lauren Hull Den Schultz  
(OEC Representative)  
Print Name: Lauren Hull Den Schultz  
Signature: MIA FRANKLIN  
(Person in Charge)  
Print Name: MIA FRANKLIN