

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Connecticut Friends School Date: 9/4/25 Time: 10:20 AM

Location Address: 317 New Canaan Rd. Wilton, CT. Telephone #: 203-762-9860

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

Capacity: 58/203 # of Children Present: 37/203 # of Staff Present: 9

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> <b>Provider/Applicant/Substitute's Signature</b>
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Purpose of visit: Partial inspection for fencing/developmentally appropriate under 3 environment

**Observations/Corrections needed:**

observed fencing to be at or over 4ft on under 3 playground  
observed appropriate group size and developmentally  
appropriate equipment, toys, diapering/toileting facilities  
for children under age 3

**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: [Signature]  
(OEC Representative)

Print Name: BUDGET L HERMAN

Signature: [Signature]  
(Person in Charge)

Print Name: Linda Herman