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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Linda's House Pediatric Daycare Preschool Date: 10-5-21 Time: 10:30

Location Address: 520 Riverside Dr., North Grosvenordale Telephone #: 860-315-5600

e-mail address: erin.lavallee@lindashousedaycare.com License #: 70455 Expiration Date: 10-31-22

Capacity: 24 # of Children Present: 22 # of Staff Present: 7

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: Case 2021-701

Observations/Corrections needed:

NS 19a-79-3a(b)(8)(A) - manage child behavior not substantiated due to insufficient evidence

S 19a-79-3a(b)(8)(E) - reporting. report to OCF was not within 12 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: 10-19-21

Signature: _____ *(OEC Representative)*

Print Name: Kevin Eldridge

Signature: _____ *(Person in Charge)*

Print Name: Lisa M Audette