

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lyndsey Hensel Date: 12/20/22 Time: 9:30 AM

Location Address: 21 Litchfield Dr Enfield Telephone #: 860 970 4558

e-mail address: _____ License #: 50709 Expiration Date: _____

Capacity: 613 # of Children Present: 4 # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Attempted inspection - Denial Access

Observations/Corrections needed:

19a-87b-13 # (93) - Provider failed to let Agency have access to do full inspection. Provider talked with supervisor on phone from ring camera speaker. After supervisor explained our Agency's protocol during Covid-19, provider stated was still not comfortable letting Agency do full inspection. Provider stated had 4 children in care. Specialist heard children on ring camera speaker. Left CAP. Specialist also explained Agency's protocol before talking with supervisor

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: Immediately

Signature: [Signature]
(OEC Representative)

Print Name: Kellerman

Signature: Left in mailbox
(Person in Charge)

Print Name: Provider client answer door