

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lindsey's House Early Learning Ctr. Date: 12/22/22 Time: 2:50

Location Address: 2710 North Ave. Bridgeport Telephone #: 203 873-0088

e-mail address: nkiruka.nzekwu@lindseyshouse.com License #: 70344 Expiration Date: 1/31/25

Capacity: 61/22 # of Children Present: 29 # 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 _____
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Purpose of visit: Investigation 2022-1009

Observations/Corrections needed:

(P) 19a-79-3a(b)(8)(A) ~~Staff~~ Administration, discipline -
Due to admin out w/ illness, unable to fully investigate
at this time. Item left pending

(P) 19a-79-3a(d)(2) Program policies re: discipline and
behavior management + mandated reporting. - pending completion
of investigation.

(NS) 19a-79-3a(b)(7) Staff trained on program policies -
operator provided evidence of staff

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: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Crystal Posey-Anglin
(Person in Charge)
Print Name: Crystal Posey-Anglin