

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lindsey House ELC Date: 2/9/23 Time: 10:45  
am

Location Address: 287 Kenyon St. Stratford Telephone #: 203 873 0088

e-mail address: h1@lindseyhouse.com License #: 70344 Expiration Date: 1/31/25

Capacity: 53/24 # of Children Present: 28 # of Staff Present: 7

<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 2023-125

Observations/Corrections needed:

NS 19a-79-3a(d) - Administration - Program policies - Program followed their illness policy and expansion of children policy.

S 19a-79-10(g) - Under Three Endorsement - Sleep arrangements - Observed one child asleep in a low swing upon arrival.

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: 2/23/23

Signature: [Signature]  
(OEC Representative)

Signature: [Signature]  
(Person in Charge)

Nkiruka Nzekwu