

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lindseys House ELC Date: 2/22/25 Time: 11:00 AM
Location Address: 287 Kenyon St. Stratford Telephone #: 203 873 0088
e-mail address: lh1@lindseyshouse.com License #: 70344 Expiration Date: 1/31/25
Capacity: 53/24 # of Children Present: 29 # of Staff Present: 6

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 <u>N/A</u>
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Purpose of visit: Follow up Case 2023-125

Observations/Corrections needed:

NS 19a-79-10(g) - Under three endorsement - Sleep Arrangements -
No violations at this visit.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [Signature]
(Person in Charge)
NKIRUKA Nzekwu