

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lindsey's House Early Learning Center Date: 9/17/25 Time: 11:00am

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

e-mail address: L41@lindseyshouse.com License #: 70344 Expiration Date: 1/21/29

Capacity: 53 # of Children Present: 24 # of Staff Present: 5
v3 = 24

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>NA</u>
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Purpose of visit: follow up to inspection 6/17/25

Observations/Corrections needed:

#130 (g)(2) Safe sleep was in compliance at this visit. observed tight fitted mattresses and crib sheets

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: NA

Signature: [Signature]
(OEC Representative)
Print Name: Al Montanye
Signature: [Signature]
(Person in Charge)
Print Name: Karla Little