

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: 8/11/2012 Time: 8:47am

Location Address: 287 Kenyon St. Stratford 06614 Telephone #: 203-873-0088

e-mail address: L.H1@lindseyshouse.com License #: 70344 Expiration Date: 1/31/29

Capacity: 53 # of Children Present: 7 # of Staff Present: 3  
24 under 3

**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 NA

Purpose of visit: safe sleep follow up  Partial

Observations/Corrections needed:

#130 (g)(1) cribs - snug fitting mattress, tightly fitted sheets in compliance 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: [Signature]  
(OEC Representative)

Print Name: Fil Montanye / e. lombardo

Signature: Giseleida Andrade  
(Person in Charge)

Print Name: Giseleida Andrade