

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TVCCA Little Learners - Head Start Groton Date: 3/4/22 Time: 1:15pm

Location Address: 40 1/2 Central Blvd Groton, CT 06340 Telephone #: 860-446-6042

e-mail address: jwalker@tvcca.org License #: 16705 Expiration Date: 5/31/2025

Capacity: 95¹⁶ # of Children Present: 39 # of Staff Present: 10

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>N/A</u>
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Purpose of visit: Self-reported incident Case # 2022-116

Observations/Corrections needed:

⑤ 19a-79-3a(d)(5)(c): Administration - Supervision policy - Staff failed to effectively implement the programs supervision policy when they did not complete a head count once they returned to the classroom from outdoor transition.

⑤ 19a-79-4a(c)(4)(D): ~~Administration~~ Staffing - Supervision - Staff failed to assure the supervision of the children at all times when a child was left unattended outside when the teachers transitioned back to the classroom with the children. Amount of time child left unattended unknown. Program staff report approximately 5 minutes.

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: 3/18/2022

Signature: Stephane Pia
(OEC Representative)

Print Name: Stephane Pia

Signature: Joe
(Person in Charge)

Print Name: Wade Walker