

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: 3/23/22 Time: 11:00am

Location Address: 40 1/2 Central Blvd Groton, CT 06340 Telephone #: 840 446-6042

e-mail address: jwalker@tvcca.org License #: 16705 Expiration Date: 5/31/25

Capacity: 95⁴³¹⁶ # of Children Present: 54 # of Staff Present: 13+

**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 N/A

Purpose of visit: Follow up Supervision

Observations/Corrections needed:

Observed compliance with supervision regulations at the time of the 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: N/A

Signature: [Signature]

(OEC Representative)

Print Name: Stephanie P...

Signature: [Signature]

(Person in Charge)

Print Name: Jodi Walker