

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TVCCA Little Learners - Head Start Grotton Date: 7/6/22 Time: 9:10am

Location Address: 40 1/2 Central Blvd Grotton, CP6340 Telephone #: 810 446-6042

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

Capacity: 95^{u316} # of Children Present: 23 # of Staff Present: 12

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 _____

Purpose of visit: 3 month Partial Suspension Case 2022-116

Observations/Corrections needed:

Observed compliance with suspension 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: Stephanie Pia
(OEC Representative)
Print Name: Stephanie Pia

Signature: Jodi Walker
(Person in Charge)
Print Name: Jodi Walker