

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TVCCA Little Learners Date: 4/18/23 Time: 10:00 AM

Location Address: 387 Bayonet St, New London Telephone #: _____

e-mail address: c.poirier@tvcca.org License #: 15931 Expiration Date: 7/31/25

Capacity: 178 # of Children Present: 85 # of Staff Present: 21

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 _____
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Purpose of visit: Investigation 2023-295

Observations/Corrections needed:

(S) 19a-79-3(d)(7) Administration - General
Operating policies - Center failed to abide by
their Pre-schooling Toileting policy when a
child was not change after staff noticed him
to be soaked.

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: 5/2/23

Signature: _____
(OEC Representative)
Print Name: M. S. Alkazu
Signature: _____
(Person in Charge)
Print Name: Michael Ruzar