

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TVCCA Little Learners/Head Start Date: 5/10/23 Time: 9:30 AM

Location Address: 337 Bayonet St, New London Telephone #: 860-425-6536

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

Capacity: 178 # of Children Present: 109 # of Staff Present: 28

**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: 2023-374

Observations/Corrections needed:

(S) 19a-79-4a (c) (4) (D) - Staffing - Supervision
The staff failed to assure the supervision of the children at all times when two children were found in the bathroom together unsupervised.

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: 5/24/23

Signature: _____

Print Name: Carlos Albizu
(OEC Representative)

Signature: _____

Print Name: Bekky Adams
(Person in Charge)