

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: 5.31.23 Time: 9:50

Location Address: 40 1/2 Central Avenue - groton Telephone #: 860-448-6906

e-mail address: dpoirier@tvcca.org License #: 16705 Expiration Date: 5.31.25

Capacity: 95/116 # of Children Present: 22/9 # of Staff Present: 7+

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Investigation dated 5.12.23 2023-437 431
P J

Observations/Corrections needed:

S 19a.79-4a(c)(4)(D) supervision - staff failed to adequately supervise children on the playground when one child was observed touching another child, inside a pop-up tunnel.

NS 19a.79.4a(c)(4) Ratio - staff provided appropriate ratios when there were 2 staff with 20 children

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: 6.13.23

Signature: Jennifer Serra
(OEC Representative)

Print Name: Jen Serra

Signature: Jodi Walker
(Person in Charge)

Print Name: Jodi Walker