

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TVCCA Little Learners / Head Start ^{NEW} London Date: 6.5.23 Time: 9:03

Location Address: 387 Bayonet St New London Telephone #: 860-425-6536

e-mail address: dpoirier@tvcca.org License #: 15931 Expiration Date: 7.31.25

Capacity: 178/40 # of Children Present: 98 # of Staff Present: 17

**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: Investigation 2023-471 dated 5/26/23

Observations/Corrections needed:

S 19a.79-4a(c)(4)(D) - supervision. staff failed to adequately supervise the children when two children were observed in one bathroom stall.

NS 19a.79-4a(c)(4)(A) Ratio - the operator/staff maintained proper staff to student ratio when there were 2 staff with 13 children present.

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: 6.19.23

Signature: Jennifer Serra
(OEC Representative)

Print Name: Jen Serra

Signature: [Signature]
(Person in Charge)

Print Name: JJ Conolly