

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TVCCA WHIE Learners/Head Start Date: 7/27/23 Time: 8:55A

Location Address: 387 Bayonet St. New London Telephone #: 800 425 6536

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

Capacity: 178/40 # of Children Present: 84 # of Staff Present: 27

<b>Consent to Inspect Family Child Care Home</b>	<i>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 _____</i>
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Purpose of visit: Self-report 2023-651

Observations/Corrections needed:

③ 19a-79-4a(c)(4)(b) Staffing-Supervision  
Program staff failed to supervise a child who left the classroom unnoticed and was found in the hallway alone.

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: 8-10-23

Signature: C. Deloreto  
(OEC Representative)

Print Name: Catherine Deloreto

Signature: \_\_\_\_\_  
(Person in Charge)

Print Name: Shirley Conolly