

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TVCCA Little Learners / Head Start Date: 8/9/23 Time: 2:37

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: 86 # of Staff Present: 25

Consent to Inspect Family Child Care Home	<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: follow up to 7/27/23 visit 2023-651

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(b) Staffing supervision
observed transition after nap. Door no
longer propped open to put cots away.
No supervision issues observed.

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: n/a

Signature: Carlyne Deloreto
(OEC Representative)
Print Name: Carlyne Deloreto
Signature: Andrea Watson
(Person in Charge)
Print Name: Andrea Watson