☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☑ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TVCCA Little Learners - Griswold Date: 11/21/24 Time: 3pm

Location Address: 303 Slater Ave Griswold Telephone #: (860) 376 7054

e-mail address: debporier@tvcca.org License #: 12498 Expiration Date: 4/30/25

Capacity: 30/16 # of Children Present: 13 # of Staff Present: 5

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 2024-1226

Observations/Corrections needed:

(P) 19a-79-4d(d)(4)(D) Staffing - Supervision
Pending interviews of parents regarding supervision

(P) 19a-79-3a(a) Administration - Ensuring the health and safety - ensuring the safety of children pending parent interviews

(NS) 19a-79-5a(a)(3)(A) incident reporting - Staff are completing injury and illness reports as required by regulation.

(S) 19a-79-5a(a)(3)(B) Record Keeping - Notification of parents regarding illness or injury - Program is not immediately notifying parents of injuries when three reports since October 16, 2024 regulation change have no notification time or notified at pick up is indicated.

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: 12/5/24

Signature: _____
(OEC Representative)
Print Name: Carolynne Deloreto

Signature: _____
(Person in Charge)
Print Name: Jessica Martel