

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Riverfront Children's Center Date: 3/10/25 Time: 1pm
Location Address: 476 Thames St. Groton, CT. 06340 Telephone #: (860) 445-8151
e-mail address: jennifer.zubek@riverfrontchildren.org License #: 14300 Expiration Date: 11.30.25
Capacity: 123 # of Children Present: 62 # of Staff Present: 11

**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: Follow Up - Supervision

Observations/Corrections needed:

No Violations at this visit

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: Terrri K Roberts

Print Name: Terrri K Roberts
(OEC Representative)

Signature: Jodi Walker

Print Name: Jodi Walker
(Person in Charge)