

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Riverfront Children's Center Date: 6/4/25 Time: 1:15 pm  
Location Address: 476 Thomas 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: 67 # of Staff Present: 14

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature

Purpose of visit: Ratio and Supervision Partial

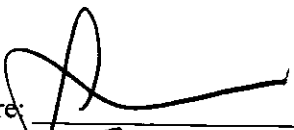
Observations/Corrections needed:


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:   
Print Name: Terri K Roberts  
(OEC Representative)

Signature:   
Print Name: Jade Walks  
(Person in Charge)