

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TVCCA Little Learners / Head Start Date: 7/1/25 Time: 11:12 AM  
Location Address: 387 Bayonet Street New London Telephone #: 860-425-6536  
e-mail address: dpoirier@tvcca.org License #: 15931 Expiration Date: 7/31/29  
Capacity: 136/58 # of Children Present: 93 # of Staff Present: 20

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 _____
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Purpose of visit: Self report 2025-595

Observations/Corrections needed:

19a-79-3a(d)(4)(A) Administration - Medical Emergency policy  
(NS) Regulation in compliance when staff followed their medical emergency policy

19a-79-4a(f)(2) Staffing - CPR certified  
(NS) Regulation in compliance when staff who performed CPR is certified and has a current certificate.

19a-79-9a(b)(3)(A-B) Administration of Medication - Authorized Prescriber/Parent Permission  
(P) Pending further investigation

19a-79-5(a)(3)(A) Record Keeping - Illness report  
(NS) Regulation in compliance when staff documented illness and procedure

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: Maquel 7/15/25

Signature: Evelyn Vicente - Quinones  
(OEC Representative)  
Print Name: Evelyn Vicente - Quinones  
Signature: Alexandra Fleck  
(Person in Charge)  
Print Name: Alexandra Fleck

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TVCCA Little Learners/HeadStart License # 15931 Date: 7/1/25  
New London

Observations/Corrections needed:

19a-79-3a(a) Administration - ensuring health and safety

⑤ Regulation in compliance when program allowed child to return to program after a medical emergency without a Doctor's note.

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Signature: Evelyn Vicente Quinones  
(EC Representative)

Print Name: Evelyn Vicente Quinones

Signature: Alexandra Fleck  
(Person in Charge)

Print Name: Alexandra Fleck

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 7/15/25