

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Town and Country Early Learning (Date: 6-16-23 Time: 12:30)

Location Address: 195 S Main St., Middletown CT Telephone #: 860-347-1400

e-mail address: Sarah@townandcountryelc.com License #: 16365 Expiration Date: 8-31-25

Capacity: 182 # of Children Present: 78 # of Staff Present: 16

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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: follow up case # 2023-453

Observations/Corrections needed:

follow up to discuss additional allegations.

P. 19a-79-4s(e)(4)(D) - supervisor pending investigation

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: _____

Signature: [Signature]
(OEC Representative)

Print Name: Kern Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Sarah Bishop