

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Town and Country Early Learning Date: 5-30-23 Time: 10

Location Address: 195 S Main St., Middletown CT Telephone #: 800 347 1400

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

Capacity: 182 # of Children Present: 96 # of Staff Present: 17

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|--|--|
| <b>Consent to Inspect</b><br><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.<br><b>Provider/Applicant/Substitute's Signature</b> |
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Purpose of visit: Case # 2023-453

Observations/Corrections needed:

S- 19a.79-59 (a)(3)(A) - child was ~~not~~<sup>not</sup> injured on  
5-22-23 and the parent was not  
given a copy of the accident report  
by the next business day.

Discussed putting a cover on top of water garden.

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: 6-13-23

Signature: [Signature]  
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]  
(Person in Charge)

Print Name: Deborah Murphy