

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tolland Green Learning Ctr Date: 9-21-23 Time: 10:15  
Location Address: 45 Tolland Gnn., Tolland Telephone #: 860 875 2795  
e-mail address: tollandgreenlc@comcast.net License #: 12861 Expiration Date: 7-31-25  
Capacity: 94 # of Children Present: 35 # of Staff Present: 5

**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: case # 2023-890

#### Observations/Corrections needed:

P. 19a.79.3a (d)(7)(H) - withdrawal and expulsion  
of children policy  
P. 19a.79.3a (d)(8)(E) - communication with the  
parents  
P. 19a.79.3a (e)(5) - menu posted in a  
conspicuous place accessible  
to the public  
P. 19a.79.3a (b)(2) - meeting the needs of the  
child

All regulations 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: Teresa Green