

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Town + Country Early Learning Ctr. Date: 11/16/24 Time: 10:35

Location Address: 1137 West St. Southington Telephone #: 860 628 7900

e-mail address: allison@townandcountry License #: 16398 Expiration Date: 7/31/25

Capacity: 144/88 # of Children Present: 96/61 # of Staff Present: 21

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: Self-report 2024-1161

Observations/Corrections needed:

⑤ 19a-79-3a(b)(7)(A) - Administration - managing child behavior - staff failed to follow the program's managing child behavior policy when she grabbed a paper towel from a child and scratched her hand.

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: 11-20-24

Signature: Carol Deloreto
(OEC Representative)

Print Name: Carolynne Deloreto

Signature: Allison Miller
(Person in Charge)

Print Name: Allison Miller