

2024-1290

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Town and Country Early Learning Date: 1/6/25 Time: 9:30 am

Location Address: 111 Norwich Avenue Colchester CT 06115 Telephone #: 860-603-5005

e-mail address: Debra.townandcountry@tc.com License #: 70728 Expiration Date: 9/30/27

Capacity: 120/18 # of Children Present: 41 # of Staff Present: 11

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: follow-up - 2024-1290

Observations/Corrections needed:

PIC ~~Brittany Knight~~ - Asst Director Sherri Franceschi - Area Director
(NS) 19a-79-10(c)(2) - Under Three Enrolment Ratios - Program was
in appropriate staff/child ratio during visit.

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: n/a

Signature: [Signature]
(OEC Representative)

Print Name: Valecia Williams

Signature: [Signature]
(Person in Charge)

Print Name: Sherri Franceschi