

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beltown Discovery Center Date: 10/15/2021 Time: 11:00am

Location Address: 3 Smith St. East Hampton, CT 06484 Telephone #: 860 267-0303

e-mail address: beltowndiscoverycenter@gmail.com License #: 70402 Expiration Date: 3/30/2022

Capacity: 84^{u3 32} # of Children Present: 34^{u3 26} # of Staff Present: 9

Consent to Inspect Family Child Care Home	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. Provider/Applicant/Substitute's Signature: <u>N/A</u>
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Purpose of visit: Complaint Investigation Case # 2021-699

Observations/Corrections needed:

- (NS) 19a-79-3a(d)(7) Administration-General operating policies-Behavioral withdrawal/expulsion-Observed behavioral policy and withdrawal/expulsion policy. Insufficient evidence to substantiate that the program failed to follow policies.
- (S) 19a-79-4a(c)(4)(D) Staffing-Supervision-The staff failed to assure the supervision of children at all times when an incident occurred between two children in the bathroom area, while staff was engaged in a conversation with a parent in the middle of the classroom.

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: 10/19/2021

Signature: Stephanie Pisci
(OEC Representative)
Print Name: Stephanie Pisci
Signature: Nicole Supinski
(Person in Charge)
Print Name: Nicole Supinski