

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Belltown Discovery Center Date: 10/18/21 Time: 10:25am

Location Address: 3 Smith St. East Hampton, CT 06424 Telephone #: 860 267-0303

e-mail address: belltowndiscoverycentre@gmail.com License #: 70402 Expiration Date: 3/30/22

Capacity: 84^{u332} # of Children Present: 23^{u39} # of Staff Present: 6

Consent to Inspect Family Child Care Home	<i>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.</i> <i>Provider/Applicant/Substitute's Signature</i> <u>N/A</u>
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Purpose of visit: ~~Initial~~ Follow up - Supervision

Observations/Corrections needed:

Observed compliance with supervision regulations
at the time of the 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: Stephnie Pic
Signature: [Signature]
(Person in Charge)
Print Name: Nicole Spanski