

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BellHorn Discovery Center - East Hampton, CT Date: 1/21/22 Time: 2:50pm

Location Address: 3 Smith St. East Hampton, CT Telephone #: 840 267-0303

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

Capacity: 89^{43 32} # of Children Present: 29 # of Staff Present: 7

**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 N/A

Purpose of visit: Partial Inspection - 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]

Print Name: Stephanie Pic
(OEC Representative)

Signature: [Signature]

Print Name: Nicole Supinski
(Person in Charge)