

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: 160 Koppelli Discovery Center Date: 11/20/24 Time: 7:45

Location Address: 44 Smith St. Seymour Telephone #: 203-881-2450

e-mail address: \_\_\_\_\_ License #: 70504 Expiration Date: 8/31/27

Capacity: 50 # of Children Present: 24 # of Staff Present: 4

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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> <b>Provider/Applicant/Substitute's Signature</b> _____
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Purpose of visit: partial inspection on ratio + supervision

Observations/Corrections needed:

in compliance today

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: (OEC Representative) Keri Morgan

Signature: [Signature]

Print Name: (Person in Charge) Suzan Eke