☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Discovery Zone Learning Center Date: 12-20-22 Time: 7:55am

Location Address: 45 Pendleton Dr. Heloron Bolton Telephone #: 860-228-3952

e-mail address: Amanda@dzlekids.org License #: 76127 Expiration Date: 8-31-25

Capacity: 62 # of Children Present: 18 # of Staff Present: 8

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*** NA

Purpose of visit: Snow Follow-up

Observations/Corrections needed:

Out door play areas in Compliance

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: NA

Signature: D. Wasserthorne
(OEC Representative)
Print Name: Dianna Wasserthorne

Signature: _____
(Person in Charge)
Print Name: Amanda Strong