2025-286

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Discovery Zone Learning Center Date: 4/2/25 Time: 9:45am

Location Address: 45 Pendleton Drive Hebron CT 06248 Telephone #: 860-228-3552

e-mail address: robin@dzlckids.org License #: 70127 Expiration Date: 8/31/25

Capacity: 62/32 # of Children Present: 44 # of Staff Present: 10

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*** _____

Purpose of visit: Case 2025-286 - Self-Report

Observations/Corrections needed:

Pic Robin Green - Owner/Director.

(NS) 19a-79-3a(b)(6) - Administration - annual training - Program provided annual training to staff on Program's Policies & Procedures

(S) 19a-79-3a(b)(7)(A) - Administration - Managing Child's Behavior - Staff failed to manage child's behaviors using techniques based on developmentally appropriate Practice when staff took a child's hand and ~~placed the child's hand~~ wiped Child's feces on his hand after child had 3 other Bowel movement incidents. Staff ~~did~~ wiped the feces on child hand as a form of Punishment, as she was heard saying inappropriate words to the child about him having a bowel movement accident and her having gotten feces on her own hand

* TA - Discussed w/ Owner/Director Proper feeding of infants - infants being held when being fed a bottle, even if child can hold bottle on own.

(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: 4/16/25

Signature: V Williams
(OEC Representative)
Print Name: Valecia Williams

Signature: K. Green
(Person in Charge)
Print Name: Robin Green