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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Discovery Zone Learning Center Date: 9/4/25 Time: 1:45pm

Location Address: 45 Pendleton Drive Hebron Telephone #: 860-228-3952

e-mail address: robin@d2lkids.org License #: 70127 Expiration Date: 8/31/29

Capacity: 62 # of Children Present: 27 # 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*** _____

Purpose of visit: Self-report 2025-971

Observations/Corrections needed:

19a-79-3a(d)(5) Administration- Supervision Policy

(S) Regulation not in compliance when staff did not follow program supervision policy and left a child alone for approximately 8 minutes

19a-79-4a(d)(4)(D) Staffing- Supervision

(S) Regulation not in compliance when a child was left unsupervised for approximately 8 minutes.

Discussions:

OEC guided Assistant Director on OEC website for forms and documents page to access documents ie. Complaint procedure.

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: 9/18/25

Signature: _____ (OEC Representative)

Print Name: Evelyn Vicente Quiñones

Signature: _____ (Person in Charge)

Print Name: Ashley Rhodes