☐ 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: 9/22/25 Time: 12:53 PM

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

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

Capacity: 62 # of Children Present: 28 # 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*** _____

Purpose of visit: _____

Observations/Corrections needed:

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

(VS) Regulation in compliance when OEC conducted walkthrough at today's 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: Evelyn Vicente-Quiñones
(OEC Representative)
Print Name: Evelyn Vicente-Quiñones

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