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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Discovery Zone Center - Columbia Date: 11/1/21 Time: 11:31am

Location Address: 2 Orlando Dr. Columbia, CT 06237 Telephone #: 860 288-8885

e-mail address: roban@dzlckids.org License #: 16720 Expiration Date: 11/30/25

Capacity: 148 (43 56) # of Children Present: 17 # 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*** N/A

Purpose of visit: Complaint Investigation Case # 2021-771

Observations/Corrections needed:

(P) 19a-79-3a (a) Administration - Ensure the safety, health and development of children

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Stephanie R. (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: R. Green (Person in Charge)

Robin Green