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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Discovery Zone Learning Center Date: 3/4/25 Time: 10:00 AM

Location Address: 2 Orlando Dr. Columbia Telephone #: 860 228 8885

e-mail address: robin@d2lckids.org License #: 16720 Expiration Date: 11/30/25

Capacity: 148/156 # of Children Present: 35/14 # 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: Self report Case 2025-192

Observations/Corrections needed:

(S) 19a-79-4a(d)(4)(D)- Staffing - Supervision - Staff failed to supervise a child when the child was left unattended in a classroom for about 1 minute.

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: 3/18/25

Signature: _____ (OEC Representative)

Print Name: Lauren Hull

Signature: _____ (Person in Charge)

Print Name: Robin Green