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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Discovery Zone Learning Ctr. Date: 3/21/25 Time: 11:45am

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

e-mail address: robin@dzlckids.org License #: 116720 Expiration Date: 11/30/25

Capacity: 148/56 # of Children Present: 42/19 # of Staff Present: 11

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: Follow up Case 2025-192

Observations/Corrections needed:

(NS) 19a-79-4a(d)(4)(D) - Staffing - Supervision - Walk through conducted. No violations at this 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: _____ *(OEC Representative)*

Print Name: Lauren Hull

Signature: _____ *(Person in Charge)*

Print Name: Heather Tanner