

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Curve Date: 2/10/22 Time: 9:32

Location Address: 60 Connolly Pkwy Bldg 18 Hamden Telephone #: 203-296-3440

e-mail address: thelearningcurve@yahoo.com License #: 70477 Expiration Date: 2-28-23

Capacity: 23/8 # of Children Present: 14/5 # of Staff Present: 4

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: Follow up to 1/26/22 inspection

Observations/Corrections needed:

- NS #19 head teacher - observed attendance records since 1/28/22 to have head teacher signed in each day. IA provided - head teacher to sign in and out when entering and exiting the program
- NS #24 CPR - observed documentation that 4 staff
- NS #25 First aid - attended agency approved course on 2/5/22
- NS #110 observed under 3 to be in proper ratio 1:4
- NS #111 observed proper under 3 ^{ratio} group size. Three parents signed authorization for children 32+ months to attend preschool
- S #37 - observed proof of current flu vaccine for 5 of 7 students missing flu vaccine proof during 1/26/22 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: 2/24/22

Signature: Jennifer Seve
(OEC Representative)

Print Name: Jen Seve

Signature: _____
(Person in Charge)

Print Name: Nashba