

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Center - Mama Bear Cubby Care Date: 9/19/22 Time: 9:30

Location Address: 131 Leeder Hill Rd #1 Hamden Telephone #: 415 655-2488

e-mail address: 131learningcenter@gmail.com License #: 70645 Expiration Date: 4/30/26

Capacity: 116/48 # of Children Present: 24 # 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: Consent order monitor visit #2

Observations/Corrections needed:

- (NS) Condition 8 - Operator had evidence of director's attendance
- (NS) Condition 8b - and hours were equivalent of 60% or more.
- (NS) Condition 9a - Operator provided evidence that initial
- (NS) Condition 9b director training was conducted. Documentation
- (NS) Condition 9c was on file for review.
- (NS) Condition 10a - Operator provided evidence of physical plant
- (NS) Condition 10b checklists, ^{policy,} + documentation of regular monitoring.
- (NS) Condition 11a - Operator provided evidence of record keeping checklists,
- (NS) Condition 11b ^{policy,} and documentation of regular monitoring.
- (NS) Condition 12a - Observed current CPR for all staff except 2.
- (NS) Condition 12b - Operator states she understands condition 12
- (NS) Condition 12c and agency's discretion.
- (NS) Condition 13a - Observed current first aid for all staff except 2.
- (NS) Condition 13b - Operator states she understands condition 13
- (NS) Condition 13c and agency's discretion.

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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Tyshell Gore
(Person in Charge)

Print Name: Tyshell Gore

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Center - Mama Bear License # 70645 Date: 9/19/22
Cubby Care

Observations/Corrections needed:

- NS Condition 14a - Observed current training on medication administration for multiple staff. Operator states
- NS Condition 14b - understanding requirement and agency's discretion if violated.
- NS Condition 14c.

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Signature: Karen Hicks
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: J. Jone
(Person in Charge)

OEC BY: N/A