



**DIVISION OF LICENSING**  
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## CHILD CARE CENTER/GROUP CHILD CARE HOME INVESTIGATION

<b>Program Name</b>	THIS IS THE WAY LEARNING CENTER				<b>License Number</b>	DCCC.70689	<b>Date of Inspection</b>	03/12/2024
					<b>Expiration Date</b>	1/31/2027	<b>Time of Inspection</b>	10:16 AM
<b>Address</b>	18 SHAKER RD ENFIELD CT 06082-3112				<b>Telephone</b>	(860) 253-0010	<b>Total Capacity</b>	28
					<b>Days and Hours</b>	M-F 6:30-5:30	<b>Under Three Capacity</b>	10
<b>#Children Present</b>	10	<b># Under 3 Present</b>	6	<b># Staff Present</b>	3	<b>Summer Care</b>	Open	
<b>Purpose of Investigation</b>	Complaint investigation case 2024-173				<b>Name of Inspector</b>	Lauren Hull		
<b>Program's Email</b>	thisisthewaylc@gmail.com				<b>Inspector's Email</b>	lauren.hull@ct.gov		

### Regulatory Violations

<b>Statute and/or Regulation</b>	[19a-79-2a(d)(2)(B)]	<b>Description:</b>	001a-False/Misleading Statements
Program knowingly furnished false documents when staff altered a child's birthdate on a medical record.			
<b>Statute and/or Regulation:</b>	[19a-79-4a(b)]	<b>Description:</b>	018b-Background Checks
Failed to ensure that staff have completed background checks when 1 staff was present and working with children with no completed background check.			
<b>Statute and/or Regulation:</b>	[19a-79-10(c)(2) and/or 19a-79-4a(c)(6)]	<b>Description:</b>	110-Under Three Endorsement: Ratio: 1 Staff to 4 Children
Failed to maintain proper staff/child ratios when a toddler was mixed with preschoolers leaving a ratio of 5 children with 1 staff.			
<b>Statute and/or Regulation:</b>		<b>Description:</b>	
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings- Regulations In Compliance or Pending</b>	
<b>Statute and/or Regulation</b> [19a-79-6a and/or 19a-79-7a]	<b>Description</b> 045-License Premise Clean/Good Repair/Safe
No evidence that the program is not working to get rid of ants or mice. No mouse dropping or evidence of mice observed at this visit.	
<b>Statute and/or Regulation:</b>	<b>Description:</b>

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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>YES/NO:</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>Discussions</b>
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<b>Comments</b>
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**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:  03/26/2024	 (Signature of Person in Charge)
Lauren Hull (Printed Name)	(Printed Name)	03/26/2024	Jessica Perez (Printed Name)