



**DIVISION OF LICENSING**  
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**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 SUPPLEMENTAL INSPECTION**

|                              |   |                          |   |                        |                          |                    |                             |            |
|------------------------------|---|--------------------------|---|------------------------|--------------------------|--------------------|-----------------------------|------------|
| <b>Program Name</b>          | THIS IS THE WAY LEARNING CENTER           |                          |   |                        | <b>License Number</b>    | DCCC.70689         | <b>Date of Inspection</b>   | 09/03/2024 |
|                              |   |                          |   |                        | <b>Expiration Date</b>   | 1/31/2027          | <b>Time of Inspection</b>   | 12:27 PM   |
| <b>Address</b>               | 18 SHAKER RD<br><br>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>     | 8   | <b># Under 3 Present</b> | 4 | <b># Staff Present</b> | 4                        | <b>Summer Care</b> | Open                        |            |
| <b>Purpose of Inspection</b> | Partial                                   |                          |   |                        | <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> [-]           | <b>Description:</b> 000 No Violations |
| No violations were cited during this inspection |                                       |
| <b>Statute and/or Regulation:</b>               | <b>Description:</b>                   |
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| Statute and/or Regulation:  | Description:   |
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| <b>Other Findings – Regulations In Compliance</b>                   |  |
| Statute and/or Regulation: [19a-79-10(c)(2) and/or 19a-79-4a(c)(6)] | Description: 110-Under Three Endorsement: Ratio: 1 Staff to 4 Children |
| No violations at this visit.  |  |
| Statute and/or Regulation:  | Description:   |
|   |  |

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| Statute and/or Regulation: | Description: |
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| Statute and/or Regulation: | Description: |
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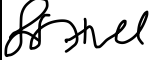
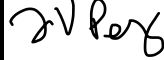
|                            |              |
|----------------------------|--------------|
| Statute and/or Regulation: | Description: |
|                            |              |

|                   |   |
|-------------------|---|
| <u>YES/NO:</u> No | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
|-------------------|---|

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| <b>DISCUSSIONS/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.

|   |                                   |                                |  |
|---|-----------------------------------|--------------------------------|--|
| <br>(Signature of OEC Representative) | (Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Person in Charge) |
| <b>Lauren Hull</b><br>(Printed Name)  | (Printed Name)                    |                                | <b>Jessica Perez</b><br>(Printed Name)   |