

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Total Learning Center Date: 3/20/25 Time: 1120
Location Address: 500 Pequonnock St. Bridgeport Telephone #: 203 333 5778
e-mail address: integrityfirst8491@gmail.com License #: 70103 Expiration Date: 2/28/29
Capacity: 34/9 # of Children Present: 8 # of Staff Present: 3

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature: N/A

Purpose of visit: Complaint Investigation Case 2025-229

Observations/Corrections needed:

- ⑤ 19a-79-4a(c)(4) - Staffing - Ratio - Staff failed to maintain ratio when a preschool class was left with no approved staff and 5 children.
- ⑤ 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise a group of 5 children when they were left in a classroom with no approved staff.
- ⑤ 19a-79-8a(b) - Educational Requirements - Observed 3 children under the age of 2 watching an iPad upon arrival.

Discussions = send video footage of incident on 3/10
1 Clorox bleach bottle unlocked

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: 4/3/25

Signature: Lauren Hall
(OEC Representative)
Print Name: Lauren Hall Krisi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: [Signature]