## Compliance Monitoring Report Compliance Plan

Provider's Name: The Learning Bridge City: Bridgewater Provider Number: 018038631

Inspector: **Deb Bigge** Date of Visit/Report: **03/18/2020** Time of Visit/Report: **7:04 AM** 

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## **Miscellaneous Rule Violations**

67:42:16:19 - Supervision.

Sullivan		Deb Bigge		_
	ed. Training was completed a		Status: Correc	ted
*The outdoor play policies were changed and a staff meeting was held to review the new policies. CCS is requiring additional training on this topic		05/20/2020	05/20/2020	
	le for the direct care, protect y child in the program.	ion, guidance and	Suggested Completion Date:	Actual Completion Date:
Supervision - A child in care was not properly supervised.		Letter of Notification		
Issue/Corrections 10	Issue/Corrections To Be Made:		Agency Action:	