

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Village Preschool LICENSE #: 12188
 LOCATION ADDRESS: 141 Greenwood Avenue TOWN: Bethel INSPECTION REPORT DATE: 10/13/2021

CAPs submitted that do not conform to the instructions provided on the back will not be accepted. Read the instructions carefully before completing this form. In accordance with this agency's policy, your CAP will be posted online and made accessible to parents and others seeking information pertaining to your child care program.

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
19a-79-10 (c)(2)	The two employees who caused the room to be out of ratio were immediately given written warnings, put on immediate probation and made to understand that if ratios are not maintained it will result in their immediate termination	10/13/2020	✓
19a-79-10 (c)(2)	a meeting was held to ensure that all staff members understand the importance of maintaining ratios AT ALL TIMES. All regulations regarding ratios and group size were reviewed by myself along with the staff.	10/13/2021	✓
19a-79-10 (c)(2)	Staff schedules were reviewed and some changed Although all rooms have sufficient coverage I am putting extra coverage to help teachers.	10/13/2021	✓
19a-79-10 (c)(2)	Every two weeks for the next two months we will be meeting to review the new plans and make sure they are working for each teacher and each room. After two months the a quarterly review will take place.	10/13/2021	✓
19a-79-10 (c)(2)	This was a follow up on group sizes. A divider has been placed in the playground to ensure group sizes for under 3 will not exceed 8 and over 3 will not exceed 20. <i>(see attached)</i>	10/18/2021	✓

Based on the inspection report, the licensee was cited for failure to comply with the regulations listed above. I hereby declare that the licensee has complied with the regulation(s) in the above manner. I understand the Agency reserves the right to re-inspect the above program to verify compliance with the regulations and to request a meeting with the licensee when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that the information I submit on this form is true.

Providers/Operators are required by regulations and statutes to be in compliance at all times.

By checking this box, and typing my name below, I am electronically signing my CAP.

Signed:

Kristi Morgan
 (Provider/Operator) 10-25-2021
 (Date)

RETURN TO: Kristi Morgan

Connecticut Office of Early Childhood
 450 Columbus Blvd, Suite 302
 Hartford, CT 06103 Fax: 860-326-0552

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19a-79-10 (c)(2)	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance. Most of the teachers (not the part timers) will begin the process of getting their CDA's. I feel that the more education that is received, the more the teachers will understand the importance of all of the regulations.	Pending Completion	

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By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: _____ (Provider/Operator) _____ (Date) Printed Name: _____

