






LICENSING CORRECTIVE ACTION PLAN (CAP)NAME OF PROVIDER/OPERATOR: Milford Co-operative Preschool Learning Center LICENSE #: 12183LOCATION ADDRESS: 1000 New Haven Avenue TOWN: Milford, CT 06460 INSPECTION REPORT DATE: 10/28/2021

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) |
|---|---|-----------------------------|---|
| 16 | NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance. Staff provided updated TB test with annual physical form | 10/29/2021 |  |
| 25 | All staff completed updated First Aid Training by approved instructor Patrice Harrison of Ivy League Health on 11/2/21 | 11/2/2021 |  |
| 38 | Parent signed individual care plan. | 10/28/2021 |  |
| 67 | Building water temperature reduced to below 115 degrees by building maintenance coordinator. | 10/29/2021 |  |
| 88 | Sand added under monkeybars to 8 inch required depth | 10/29/2021 |  |

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: Barbara Berkovich 11/9/2021
(Provider/Operator) (Date)

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

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|--|--|----------------------|---|
| 89 | Thorns and excess vegetation cut back from fencing in playground. | 10/29/2021 |  |
| 32 | Child Enrollment form submitted with current information | 11/2/2021 |  |
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By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: Barbara Berkovich 11/2/2021
(Provider/Operator) (Date)

Printed Name: Barbara Berkovich