

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Woodruff Family YMCA at CalFen LICENSE #: 16587  
 LOCATION ADDRESS: 395 Welch's Point Road TOWN: Milford INSPECTION REPORT DATE: 10/27/21

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 NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.	Exact Date Corrected	Check if Accepted (OEC Use Only)
5	Change Form for Head Teacher	12/15/2021	✓
16	Staff Health records on site will send 12/22/2021	12/22/21	✓
19	Head Teacher cert on site will send 12/22/21	12/22/21	✓
24	CPR Cards attached and in staff files on site	10/9/2021	✓
25	First Aid cards attached and in staff files on site	10/7/2021 10/28/2021	✓

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: \_\_\_\_\_

(Provider/Operator)

12/22/2021

(Date)

RETURN TO: \_\_\_\_\_

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

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Woodruff Family YMCA at Calf Pen LICENSE #: 16587  
 LOCATION ADDRESS: 595 Welch's Point Road TOWN: Milford INSPECTION REPORT DATE: 10/27/2021

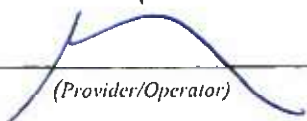
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Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
49	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.  Water test attached and a copy is on file at the site	11/29/2021	✓
89	Playground - hole filled with wood chips and inspected by staff before use by children	10/27/2021	✓
101	Med Trained Staff attached and on file at site	6/12/2021 10/27/2021	✓
1	Local Health Dept. inspection attached and on file at site	11/3/2021	✓
4	Documentation Behavior discussed w/ parent and signed by parent	10/27/2021	✓

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Signed:  (Provider/Operator) 12/22/21 (Date)

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**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Woodruff Family YMCA at Calif Pen LICENSE #: 10587

LOCATION ADDRESS: 595 Welch's Point Rd. TOWN: Milford INSPECTION REPORT DATE: 10/27/2021

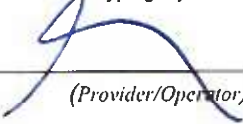
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Inspection Report Item # or Regulation	Corrective Action Taken NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.	Exact Date Corrected	Check if Accepted (OEC Use Only)
17	All staff files updated including new staff orientations	11/5/21	✓
26	Consultant agreements have been updated and are now on file at site	11/2/21	✓
27	All Consultant procedure reviews have been completed and are on file.	11/2/2021	✓
80	Batteries added to CO Detector	10/27/2021	✓
19a-79-3a	All covid vaccination cards and Attestation statements are on file for all staff	11/1/2021	✓

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

Signed:  (Provider/Operator) 12/24/2021 (Date)

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