

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Maria Grace Ferreira

LICENSE #: 70553

LOCATION ADDRESS: 575 Monroe TPKE.

TOWN: Monroe

INSPECTION REPORT DATE: 4/19/2022

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)
3	Annual staff policy training was updated with dates from meeting minutes.	4/20/2022	✓
5	Notification of change was made on 4/19/2022. Fire marshall came and Approved the room change for under 3s on 4/20/2022.	4/20/2022	✓
7	Daily attendance records were updated. Parents were notified to sign in daily.	4/20/2022	✓
9	Fire Marshall certificate is now current as of 4/20/2022	4/20/2022	✓
16	Two staff members TB tests were done on 4/22 for one, and the other on 4/25.	4/25/2022	✓

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: Maria Grace Ferreira

5/2/2022

(Provider/Operator)

(Date)

RETURN TO: Kristi Morgan

Connecticut Office of Early Childhood

450 Columbus Blvd, Suite 302

Hartford, CT 06103 Fax: 860-326-0552

NAME OF PROVIDER/OPERATOR: Maria Grace Ferreira

LICENSE #: 70553

INSPECTION REPORT DATE: 4/19/2022

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
17	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.  Professional development, and professional development log is up to date.	4/27/2022	<input checked="" type="checkbox"/>
25	First Aid and CPR AED class was given on 4/27/2022. Certificates are current with supplementary materials.	4/27/2022	<input checked="" type="checkbox"/>
26 + 27	All consultant agreements are now current. Including Social Service and Dental.	4/29/2022	<input checked="" type="checkbox"/>
37	One child's updated physical +Flu shot documentation recieved on 4/26/22, The other child has a medical exemption signed by his physician on 4/25/2022	4/26/2022	<input checked="" type="checkbox"/>
38	Individual care plan signed by parent and all staff 4/26/22.	4/26/2022	<input checked="" type="checkbox"/>
49	Lead and Bacterial water test were taken 4/20/22, the results came 4/28/2022	4/28/2022	<input checked="" type="checkbox"/>
76	Cleaner child safety locked cabinet, all staff were inservised.	4/20/2022	<input checked="" type="checkbox"/>
88	Additional woodchips (Mulch) 8" impact were spread on 4/30/2022	4/30/2022	<input checked="" type="checkbox"/>

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Signed: Maria Grace Ferreira 5/2/2022

(Provider/Operator)

(Date)

Printed Name: Maria Grace Ferreira

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Little Steps Daycare LLC / Maria G. Ferreira LICENSE #: 70553  
 LOCATION ADDRESS: 575 Monroe TPKE. TOWN: Monroe INSPECTION REPORT DATE: 4/19/2022

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19A-79-3a(a)	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.		
19A-79-3a(a)	I have placed a call to the Health inspector and to the fire marshall for a capacity change inspection. I have submitted a program change request form. Will follow up with inspection by Kristi Morgan. I will remain under 3 capacity until the room is inspected.	4/19/2022	✓
19A-79-3a(a)	All the materials and equipment were switched to the first room, for under 3. The firemarshal and the Health department approved.	4/26/2022	✓
99	All Topical forms have been replaced and updated.	4/26/2022	✓
100	All diaper creams were labled on 4/20/2022	4/20/2022	✓
101	A new class was taken on medication administration, certificates were given with all information .	4/27/2022	✓

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 (Provider/Operator) (Date)

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

NAME OF PROVIDER/OPERATOR: Little Steps Daycare LLC / Maria G. Ferreira LICENSE #: 70553 INSPECTION REPORT DATE: 4/19/2022

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
102	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance. Medication authorization forms are signed by parent. recieved on 4/28/2022	4/28/2022	<input checked="" type="checkbox"/>
113	Switched rooms, and approved by the health department and fire marshall for under 3 use.	4/26/2022	<input checked="" type="checkbox"/>
119	Changing table and sink are in the room we swithced to for under 3.	4/26/2022	<input checked="" type="checkbox"/>
128	No infants will be propped up. Parent was notified that we need a physician's order and care plan. Parent took pillow home.	4/20/2022	<input checked="" type="checkbox"/>
130	Staff was inserviced to No blankets or toys allowed in cribs. Fitted sheets were ordered by me and recieved on 4/26/2022. parents were notified of correct sheet size.	4/26/2022	<input checked="" type="checkbox"/>

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(Provider/Operator) (Date)

Printed Name: Maria Grace Ferreira