LICENSING CORRECTIVE ACTION PLAN (CAP)

☑ 001

NAME OF PROVIDER/OPERATOR: Imagination Station Day Care, LLC LICENSE #: DCCC.15838

LOCATION ADDRESS: 11 Beeches Lane TOWN: Woodstock INSPECTION REPORT DATE: 6/23/2022

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 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)*
#16	Staff member's current physical has been updated.	July 7, 2022	✓
#69	Maintence man has painted over stain in bathroom.	July 21, 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.

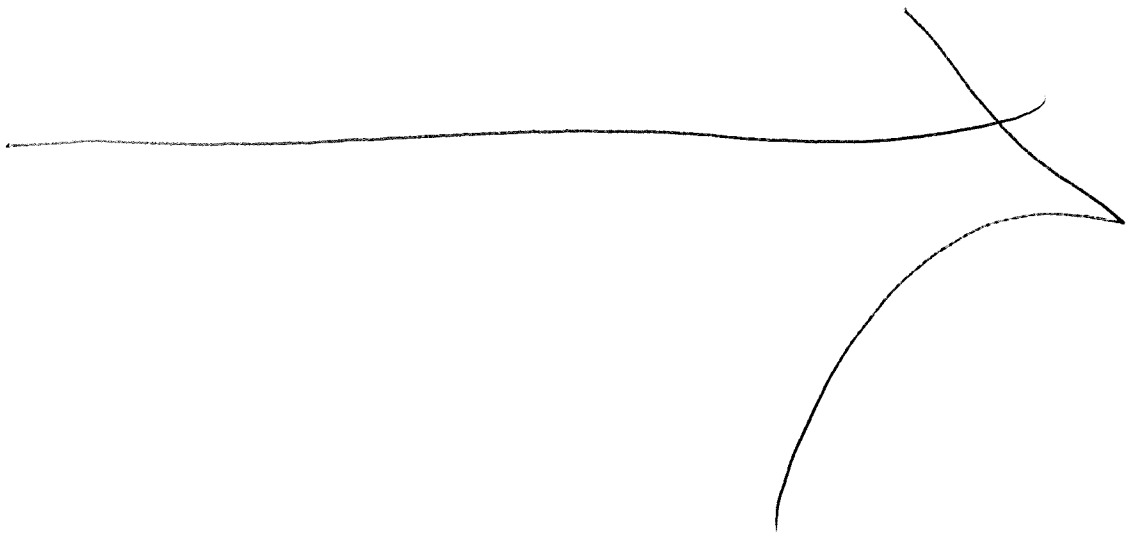
Providers/Operators are required by regulations and statutes to be in compliance at all times.

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

Signed: Heather Lute-Millette (Provider/Operator) 7/26/22 (Date)

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

07/26/2022 15:01 FAX



LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Imagination Station Day Care, LLC LICENSE #: DCCC.15838

LOCATION ADDRESS: 11 Beeches Lane TOWN: Woodstock INSPECTION REPORT DATE: 6/23/2022

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 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)*
#6	All policies and procedures have been reviewed and all requirements will be added.	By July 17, 2022	✓
#16	Staff member made an appointment with their health care provider. Record will be updated.	By July 11, 2022	○
#26	Spoke with the social service and dental consultants. They have signed a current agreement.	June 24, 2022	✓
#27	Met with education consultant for annual review of policies and procedures	June 28, 2022	✓
#37	Parent has provided child's current health record. This record has been added to child's file.	July 1, 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: Heather Fitz-Millette (Provider/Operator) 7/7/22 (Date)

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

NAME OF PROVIDER/OPERATOR: Imagination Station Day Care LICENSE #: DCCC.1583 INSPECTION REPORT DATE: 6/23/2022

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)*
#69	Spoke to landlord about bathroom stain. The maintence man will rectify the issue regarding stain.	By July 24, 2022	○
#99	Parent has signed authorization form for topical medication. Spoke with staff about accepting topical meds without proper paperwork.	June 24, 2022	✓
#113	Reviewed with staff which sinks are for handwashing. Hung reminder over food prep sink.	July 1, 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.

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

Signed: Heather Dietz-Millette (Provider/Operator) 7/7/22 (Date) Printed Name: Heather Dietz-Millette