

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Woodruff Family Yvet at Calfan LICENSE #: 16587

LOCATION ADDRESS: 345 Welch's Pent Rd. TOWN: Hillford INSPECTION REPORT DATE: 11/14/2022

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)
25	Staff member will be taking CPR/First Aid over the Christmas Holiday		
38	Child with Asthma, care plan with medication at site.	11/29/22	✓
101	Staff members are trained in the Administration of medication current certificates in their files	11/24/22	✓
102	Written Authorization for Asthma medication on file with medication.	11/29/22	✓
20	2 over 18 year old staff are scheduled each day	11/24/22	✓

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: [Signature] 11/29/2022  
(Date)

(Provider/Operator)  
Susan Markinsley

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 Youth Care Pcn

LICENSE #: 10587

LOCATION ADDRESS: 395 Welch's Point Rd

TOWN: Milford

INSPECTION REPORT DATE: 11/12/2022

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)
24	We have 1 staff who has correct course and is on site during operating hours	12/9/22	✓
24	We now have 1 staff who has approved CPR Course on site during operating hours	12/9/22	✓
25	We now have 1 staff member that has approved First Aid Course on site during operating hours	12/9/22	✓

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.

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

Signed:

[Signature]  
(Provider/Operator)

12/9/22  
(Date)

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