

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF CAMP: Kindercare Learning Center LICENSE #: 15793 FILING TOWN: \_\_\_\_\_  
 LOCATION ADDRESS: 304 Elm Street TOWN: Monroe INSPECTION REPORT DATE: 12/05/2022

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 camp program.

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
18b	Staff member is current in BCIS and per diem staff member is also current in BCIS	12/19/2022	
43	Teacher was spoken to by CD regarding proper hand washing procedures and reminded to adhere to them at all times, she was also asked to review the handwashing procedure posted in her classroom	12/05/2022	
45	thermostat was secured to wall by facilities tech and bathroom was cleaned out and teacher was told verbally the expectation for keeping bathroom cleared and cleaned at all times	12/07/2022	
60	cords were secured by facilities tech	12/07/2022	
76	CD spoke to each staff member regarding cleaning products needing to be locked up at all times unless being used, got a verbal understanding from each team member, laundry has a lock and teacher didn't lock it, she was reminded about ensuring it is locked daily	12/19/2022	

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.

**Operators/Owners 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: Amy A. Davey 12/19/2022  
 (Owner/Director) (Date)

Owner/Director's Cell Phone #: 203-915-3858

RETURN TO:  
 Connecticut Office of Early Childhood  
 450 Columbus Blvd, Suite 302  
 Hartford, CT 06103  
 Email: [youthcamps@ct.gov](mailto:youthcamps@ct.gov)

Please see the reverse side for guidance in completing this CAP, sample CAPs and instructions for Resolving Disputed Violations

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Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
89	mechanical closet was locked again, top slide lock was down that is why it wouldn't close when you were here but it is locked now; playground fence final repair will be completed by 12/21/22	12/07/2022	
110	Teacher was spoken to immediately and given a written coaching regarding maintaining ratio at all times and how to ensure the safety of the students/supervision, ratio will be reviewed at our next staff meeting for the entire team as well as a reminder/refresh for all	12/05/2022	
113	CD went around to each classroom and did a verbal reminder of handwashing sinks, and what and how they are to be used, got a verbal agreement from the teachers	12/05/2022	
19a-79-10-(e)(7)	CD spoke with teacher regarding handwashing procedures and had her read over the handwashing procedure that is posted in her classroom, proper handwashing will be discussed at next staff meeting as well as a reminder/refresh for all	12/05/2022	

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Signed: Amy A. Davey 12/19/2022

(Owner/Director) \_\_\_\_\_ (Date)

Please see the reverse side for guidance in completing this CAP, sample CAPs and instructions for Resolving Disputed Violations