

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Cheryl Iannucci /Tiny Treasures, DLC. LICENSE #: 16323
 LOCATION ADDRESS: 51 Shelton Road TOWN: Monroe INSPECTION REPORT DATE: 4/5/2023

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)
#7	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance. Staff attendance records will continue to be kept on our computer software that we use. However, we added our password and access to this program in our state binder. For the State to be able to view quickly on visits, we added our daily staff attendance on our Sign In & Sign Out Sheets for our Infant/Toddler program & Preschool program.	4/7/2023	✓
#37	The family was notified immediately. I explained the urgent request from the pediatrician and the were able to get the child in immediately. Copy is attached to the email. The nurse observes these files on a weekly basis however, in addition, the director will also begin to observe these files on a weekly basis.	4/7/2023	✓
**	For discussed: Extra ice packs were placed in First aid bags to be extra safe! A staff discussion/reminder took place in regards to "hand washing sinks" are ONLY used for hand washing!	4/6/2023	

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: Cheryl Iannucci 4/7/2023
 (Provider/Operator) (Date)

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