






LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: __Rainbow Center for Children and Families, LLC____ LICENSE #: _15618____

LOCATION ADDRESS: _80 Garden street____ TOWN: __Wethersfield ____ INSPECTION REPORT DATE 8/16/2023____

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)
3	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.		
	Last annual staff policy training completed on 3/24/2023 is recorded on staff sheets and are on file.	8/7/23	
17	Trainings completed by staff recorded on their sheets and are on file. Staff now fulfills 1% training requirement.	8/7/23	
45	Radiator covers are painted (8/9/2023), staff ceiling vent is cleaned (8/13/2023), 2 microwaves are replaced (8/7/2023), toilet seat is replaced (8/16/2023), radiator cover in 5's room is repaired (8/15//23), and shelf is secured to the floor (8/14/23).	8/16/23	
56	Emergency exit door is unblocked, curtain is open and unfolded during the day, and sign is put on the door indicating that it cannot be blocked.	8/6/23	
89	Rubber chips are redistributed outside and tarp that is showing is removed. Curling turf is smoothed. Rubber chips and tarp are monitored weekly.	8/13/23	

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: __Ozlem Camli , Ph.D.____ 8/16/2023____
(Provider/Operator) (Date)

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

NAME OF PROVIDER/OPERATOR: Rainbow Center for Children and Families LICENSE #: 15618 INSPECTION REPORT DATE: 8/2/23

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.		
99	Unused diaper cream was returned to the parent of the child. Permission slips are obtained when diaper creams are to be used.	8/3/23	
102	New authorization form was obtained for this child and is on file. Director and health consultant will continue to monitor dates for the forms.	8/4/23	
103	Pharmacy label was obtained for and attached to the epipen. Director and teachers will make sure the medications received have a pharmacy label.	8/10/23	
116	All infant and toddler staff have been reminded to buckle the children when they are using the bucket seats. All seats have working belts. Teachers will continue to be reminded and the director will spot check.	8/3/23	

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

Signed: Ozlem Camli 8/16/2023
 (Provider/Operator) (Date)

Printed Name: Ozlem Camli