

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: SCHOOL DAYS PRESCHOOL

LICENSE #: DCCC70064

LOCATION ADDRESS: 3115 Reservoir Avenue TOWN: Trumbull

INSPECTION REPORT DATE: 9/14/2023

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 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)
#38	Two care plans for children with Albuterol were missing. Parents provided filed out care plans, signed, and they have been placed with medication. One care plan for a child with an epipen and benadryl wasn't signed off by staff. 3 staff members have signed off and the care plan is with medications.	9/18/2023	<input checked="" type="checkbox"/>
#37	A child's physical was missing page 2 in error, but parent sent it in by email immediately.	9/14/2023	<input checked="" type="checkbox"/>
#54	Two classrooms had unprotected mirrors hanging. Teachers removed the mirrors from the classrooms.	9/14/2023	<input checked="" type="checkbox"/>
#102	3 children had medication authorizations with expired dates filled in by doctors. All forms were returned to the doctor to be corrected. All authorizations were corrected and are filed with the medications. All 3 Medication Authorizations are current.	9/18/2023	<input checked="" type="checkbox"/>

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.

If the violations of child care regulations referenced in the Report(s) related to this Corrective Action Plan reoccur in the future, the violations may no longer be considered resolved by this Corrective Action Plan and the Agency may bring disciplinary action based upon the violations identified in the Report(s) related to this Corrective Action Plan.

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: Nawarhass 09/18/23


(Provider/Operator)

(Date)

RETURN TO: Betty Mayer

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

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#104	A former student's inhaler was observed with the current medications. The parent was notified for the 3rd time and came to pick up the inhaler and it is not at School Days any longer.	9/15/2023	

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

Signed: Maria Marcoccia (Provider/Operator) 09/18/23 (Date) Printed Name: Maria Marcoccia