LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: BrightPath - Newtown LICENSE #: 70427

LOCATION ADDRESS: 2 Saw Mill Road TOWN: Newtown INSPECTION REPORT DATE: 11/3/2023

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)*
19a-79-2a	local health inspector has been contacted, waiting to schedule and will forward the final inspection report once completed	11/6/2023	✓
19a-79-3a	All staff have reveiwed and signed off on the playground supervision which outlines wood chips are a choking hazard	11/3/2023	✓
19a-79-5a	All care plans have been signed by appropriate staff	11/3/2023	✓
19a-79-7a	bathroom vents have been cleaned and a cleaning schedule implemented for cleaning crew	11/6/2023	✓

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.

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: Patricia Dattilo 11/6/2023

(Provider/Operator) *(Date)*

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

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19a-79-7a	rugs have been either removed or secured in specific classrooms Toddler 7 and PS 5	11/6/2023	✓
19a-79-7a	work order has been completed for the addition of wood chips at the bottom of the slide. I've also asked our facilities department to confirm that the shock absorbing materials are on all playgrounds, I will forward when I have documentation.	11/6/2023	✓

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.

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

Signed: _____ _____ Printed Name: _____

(Provider/Operator) *(Date)*