

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR:

Rose DeCarlo

LICENSE #:

50473

20

Hillside DR

EAS to Oct 06/2

INSPECTION REPORT DATE:

11/02/2024

LOCATION ADDRESS:

TOWN: Easton

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)
6 To become in compliance now attain my capacity of 6 infants under 18 months by having one in front leave my care until March 1st when another infant becomes 18 month of age thus opening up a spot for the infant who left to return.	11/03/24	✓	
56 Parent completed missing information at Pick up	11/02/24		
21 Medical Waiver was approved by State Whiver Committee This was not cited at inspection but made a discussion with the provider. - E. Ruiz	11/02/24	✓	

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.

CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY:Signed: Rose DeCarlo /-8-24
(Provider/Operator)
(Date)RETURN TO: Eileen Ruiz
Connecticut Office of Early Childhood
450 Columbus Blvd, Suite 302
Hartford, CT 06103 Fax: 860-326-0552
Cell: (860)996-0234Printed Name: Rose DeCarlo*Please see the reverse side for guidance in completing this CAP, sample CAPs and instructions for Resolving Disputed Violations*