

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Parandale Health Center LICENSE #: 0410000

LOCATION ADDRESS: 220 Cummings St TOWN: Eastford INSPECTION REPORT DATE:

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) |
|--|--|----------------------|----------------------------------|
| #21 | Day care website has been updated online. | 1/20/14 | ✓ |
| #24 | All children's health records health records have been updated & filed away in each child's file. | 1/20/14 | ✓ |
| #25 | Day care children's immunization records have been updated & filed in each child's file. | 1/20/14 | ✓ |
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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: Parandale Health Center (Date) 1/20/14
 (Provider/Operator)

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

