

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: SUNSHINE PRESCHOOL AND CHILDCARE LLC LICENSE #: 80009
 LOCATION ADDRESS: 409 WALL ST TOWN: MERIDENN INSPECTION REPORT DATE: 8/22/2024

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.

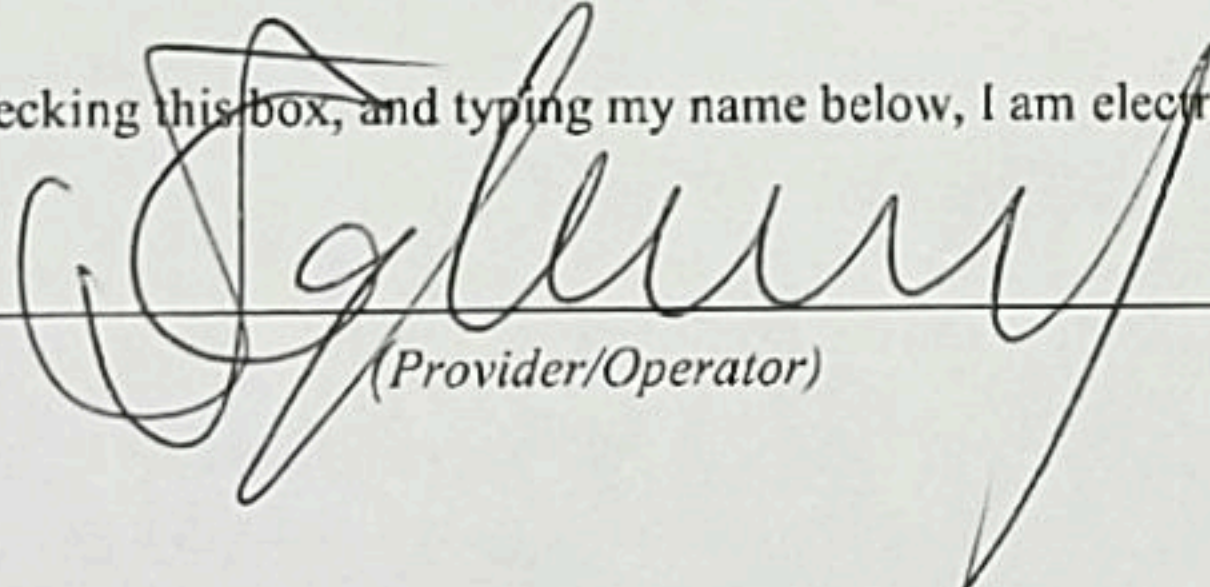
| Inspection Report Item # or Regulation | Corrective Action Taken | Exact Date Corrected | Check if Accepted (OEC Use Only) |
|--|---|----------------------|----------------------------------|
| #001bb | NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance. During a personal visit, children that are not enrolled will not be accepted in licensed areas and they will be in personal areas. | 8/22/2024 | ✓ |
| #021 | All staff have been retrained on the program's policy and state regulations. This is a training of 5 series since monday august 26 thru friday august 30. | 8/26/2030 | ✓ |
| | | | |
| | | | |

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:  8-26-24
(Provider/Operator) (Date)

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