

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Precisely Pandas Childcare Center LICENSE #: 70643  
 LOCATION ADDRESS: 1033 John Fitch Blvd TOWN: South Windsor INSPECTION REPORT DATE: 04/15/24

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)
1b.	The program will not use unlicensed space for childcare.	04/16/24	<input checked="" type="checkbox"/>
1bb.	The program will maintain approved licensed capacity.	04/16/24	<input checked="" type="checkbox"/>
5.	Will provide notification of change for all future changes.	04/16/24	<input checked="" type="checkbox"/>
6.	Adjusted staffing to ensure that at least one staff member is CPR certified while on the playground with toddlers	04/17/24	<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: Monique Delmadge 05/06/24  
 (Provider/Operator) (Date)

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

NAME OF PROVIDER/OPERATOR: Precisely Pandas Childcare Center LICENSE #: 70643 INSPECTION REPORT DATE: 04/15/24

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
16.	Received updated staff medical to be compliant.	04/17/24	✓
21b.	Retrained staff to be in view and hearing of sleeping children, if blanket is used.	04/17/24	✓
<del>24, 25, 37, 101</del>	Disputing <del>-25¢</del> <i>see</i> <del>removed</del>		
26, 27	Received signed Ed Consultant contract and signed annual policy and procedures	04/19/24	✓
44	Preschool did have ice packs indoors; wrong bag inspected. Restocked toddler bag with ice packs for outdoors.	04/17/24	✓
45	Screw replaced in door frame. Broken toilet in the men's bathroom was fixed (we have no men on site). Play toys removed from the slim gap near sink.	04/17/24	✓
49	Lead test was performed on 11/19/24, since tester was out on vacation. Lead test results are posted.	04/18/24	✓

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.

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.



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

Signed: Monique Delmadge 05/06/24

(Provider/Operator)

(Date)

Printed Name: Monique Delmadge

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Precisely Pandas Childcare Center LICENSE #: 70643  
 LOCATION ADDRESS: 1033 John Fitch Blvd TOWN: South Windsor INSPECTION REPORT DATE: 04/15/24

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)
60.	Retrained staff to replace outlet covers after vacuuming. Secured cord to the wall.	04/16/24	✓
62.	Retrained staff on handwashing only sink usage. No liquids.	04/18/24	✓
63.	Retrained staff to empty potties after each use.	04/18/24	✓
70.	Secured all rugs.	04/22/24	✓

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.

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: Monique Delmadge 05/06/24  
 (Provider/Operator) (Date)

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

NAME OF PROVIDER/OPERATOR: Precisely Pandas Childcare Center LICENSE #: 70643 INSPECTION REPORT DATE: 04/15/24

Inspection Report # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
83.	Retrained staff to reattach bungee cord at all times.	04/18/24	✓
88.	Mulch was onsite 04/15/24. Mulch was laid on 04/16/24 before it was discussed in report on 04/16/24.	04/16/24	✓
89.	Replaced anchors and swingset. Patched lid of sandbox. Relaid underlayment. Removed silver table before it was discussed in report on 04/16/24.	04/29/24	✓
92.	All outdoor equipment have been anchored. Adjusted swingset for safe usage near fence.	04/19/24	✓
99.	Parent permission forms have been corrected with end dates and updated expiration date	04/19/24	✓
102.	Received updated doctor's orders and forms. Staff signoff included	04/19/24	✓
114.	Replaced crib	04/29/24	✓

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.

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.



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

Signed: Monique Delmadge 05/06/24

(Provider/Operator)

(Date)

Printed Name: Monique Delmadge

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Precisely Pandas Childcare Center LICENSE #: 70643  
 LOCATION ADDRESS: 1033 John Fitch Blvd TOWN: South Windsor INSPECTION REPORT DATE: 4/15/2024

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)
120.	Retrained staff to disinfect changing table after disposable protective paper is thrown away.	4/18/2024	✓
129.	Removed excess storage and pack and play.	4/19/2024	✓
132.	Secured drawers on 04/15/24, before the report was discussed on 04/16/24	4/15/2024	✓
133.	Replaced all nap bags to cloth bags.	4/29/2024	✓

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: Monique Delmadge 5/6/2024

*(Provider/Operator)*

*(Date)*

RETURN TO: Dianna Wassenhove

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

NAME OF PROVIDER/OPERATOR: Precisely Pandas Childcare Center LICENSE #: 70643 INSPECTION REPORT DATE: 4/15/2024

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
134.	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.  Discussed required weekly visits with Nurse Consultant. Advised on protocol for missed days due to vacation or sickness.	4/19/2024	✓

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.



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

Signed: Monique Delmadge 5/6/2024

(Provider/Operator)

(Date)

Printed Name: Monique Delmadge

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Precisely Pandas Childcare Center LICENSE #: 70643  
 LOCATION ADDRESS: 1033 John Fitch Blvd. TOWN: South Windsor INSPECTION REPORT DATE: 4/15/2024

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)
24	Reversed as per Lynda Avery	7/22/2024	✓
25	Reversed as per Lynda Avery	7/22/2024	✓
37	Will ensure that the TB risk factor box is completed by the physician on the physical form.	7/22/2024	✓
101	Will retrain staff on students needing medication and the procedures related to them. Newer staff will need to defer to a more experienced staff member on medical matters.	7/22/2024	✓

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: Monique Delmadge 8/19/2024  
 (Provider/Operator) (Date)

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

NAME OF PROVIDER/OPERATOR: Precisely Pandas Childcare Center LICENSE #: 70643 INSPECTION REPORT DATE: 4/15/2024

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)

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.

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

Signed: \_\_\_\_\_ (Provider/Operator) \_\_\_\_\_ (Date) Printed Name: \_\_\_\_\_