





LICENSING CORRECTIVE ACTION PLAN (CAP)NAME OF PROVIDER/OPERATOR: Happy Little Faces ChildCare CenterLICENSE #: 70663LOCATION ADDRESS: 75 Zion stTOWN: HartfordINSPECTION REPORT DATE: 3/5/2025

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)
#12	Parents were asked not to forget to sign out, and teachers were told to verify that all parents signed their children out.	3/6/2025	
#69	The water test was performed, and the results are available at the center.	3/14/2025	
#70	The corresponding monitoring was carried out this year, attaching the other corresponding years	3/7/2025	
#77	The shelves were removed during the inspection so as not to block the door.	3/5/2025	

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: Martha Ramirez 3/14/2025

(Provider/Operator)






(Date)

RETURN TO: Connecticut Office of Early Childhood

450 Columbus Blvd, Suite 302

Hartford, CT 06103 Fax: 860-326-0552

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#94	A light was placed in each room in the reading area for better clarity.	3/6/2025	
#113	An addition was placed to reach 4 feet according to regulations.	3/10/2025	
#121	Teachers were told that only hands can be washed in the classroom sinks. he put up signs to only wash his hands	3/5/2025	
#128	A diaper changing table was placed in room #4	3/10/2025	
#136	The staff was told again to hold the child when giving him a bottle of milk so that the child can suck and drink the milk alone.	3/5/2025	

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Signed: Martha Ramiez 3/14/2025
(Provider/Operator) (Date)Printed Name: Martha Ramirez