

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Leiby Santiago LICENSE #: 57818
 LOCATION ADDRESS: 70 Taylor Ave TOWN: Bethel INSPECTION REPORT DATE: 06/02/25

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)
21	Background check, substitute [REDACTED] has been added to bcis.	6/17	✓
53	Enrollment forms incompleated have been completed for [REDACTED]	6/17	✓
54	Physical for child [REDACTED] has been received and completed after most recent check up	6/17	✓
62	Asthma action plan has been made has been completed by doctor and parent provider can give	6/17	✓

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:

Leiby Santiago
(Provider/Operator)

7/3/25
(Date)

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

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94	Included now we have written policies and procedures to administer medication.	6/17	✓
100	child now has Medication permission for provider I to give medication to the child.	6/17	✓
103	Expired medication has been given back to Parents for their own dispose brand new med given	6/17	✓
104	Medication has been labeled to the most up to date, dates and are now in compliance.	6/17	✓

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

Signed:

Leiby Santiago
(Provider/Operator)

(Date)

Printed Name:

Leiby Santiago

