

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: JCC Child Care Programs

LOCATION ADDRESS: 1035 Newfield Ave

TOWN: Stamford

INSPECTION REPORT DATE: 8/5/2025

LICENSE #: DCCC12946

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 # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
19. 4a(a) (1)	All Staff Medical Statements filed and Complete	8/15/2025	✓
21. 4a(b)	Staff member scheduled for fingerprinting August 21. Stopped working with children	8/5/2025	✓
33. 4a(d) (h)	Staff members have completed the Online Health and Safety Requirement	8/18/2025	✓
35. 4a(i) (F)	New consultant agreement filed that includes new all services redquired	8/7/2025	✓
66. 7a(c) (2)	Mouse droppings and cheese grater removed and entire room given a deep clean. Storage shelf removed. Dust vent cleaned	8/6/2025	✓

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.

**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: Liz Gebert 8/19/2025

*(Provider/Operator)* *(Date)*

RETURN TO: Lori Mangano

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

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Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
88. 7a(e) (5)	Peeling paint and missing wall trim temporarily covered. Walls will be sanded and repainted when classroom is closed (week of August 25). Curled edges of carpet secured to floor. Rug by infant room removed. Cracked tiles temporarily covered by carpet. New tiles to be installed week of August 25.	8/7/2025	<input checked="" type="checkbox"/>
95. 7a(e) (10)	All bottles labeled with water and bleach measurements	8/6/2025	<input checked="" type="checkbox"/>
111. 7a(h) (1-9)	Playground is currently not in use by licensed programs. Circle piece is covered and broken piece will be replaced. Rusted areas are being repainted and rusted screws replaced. Impact tile secured. Screw ends on gates and fences temporarily covered, ends of screw will be removed. All repairs will be made by 8/26/2025.	8/7/2025	<input checked="" type="checkbox"/>
130. 10(g) (1-8)	Safe Sleep Policy form signed by parent. All infants have documentation that safe sleep policy was explained to parents	8/6/2025	<input checked="" type="checkbox"/>
131. (h)(1)	Legos removed from room. Program staff retrained in choking policy and use of Choke Tube to check items entering classroom space.	8/6/2025	<input checked="" type="checkbox"/>
161. 9a(b) (3)(A-B)	All medication authorization forms are now complete and on file for all children	8/15/2025	<input checked="" type="checkbox"/>
164. 9a(b) (5)(A-B)	All medication is labeled. Non emergency medications returned to parents. Adult medication removed from room. Staff retrained in Medication storage and medication acceptance procedure.	8/11/2025	<input checked="" type="checkbox"/>
166. 9a(b) (5)(D)	Expired medication returned to parents	8/6/2025	<input checked="" type="checkbox"/>

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By checking this box, and typing my name below, I am electronically signing my CAP.  
Signed: **Liz Gebert** 8/19/2025

(Provider/Operator) (Date)

Printed Name: **Liz Gebert**