

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: NEWCO ACTIVITIES PROGRAM - STAMFORD LICENSE #: DCCC 16663

LOCATION ADDRESS: 345 PEPPER RIDGE ROAD TOWN: Stamford INSPECTION REPORT DATE: 11/25/25

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	Exact Date Corrected	Check if Accepted (OEC Use Only)
33. 4a(d)(h) PROFESSIONAL DEVELOPMENT	Health & safety training documentation is now on file for review. VCVC	12/3/2025	<input checked="" type="checkbox"/>
35. 4a(i)(f) CONSULTANTS - AGREEMENTS, LOGS, VISITS	Social service consultant completing all annual reviews and document is now on file. Our ED consultation continuing her contract with us.	12/5/2025	<input checked="" type="checkbox"/>
161. 9a(b) (3)(A-B)	Parent completed both child and parent session.	12/3/2025	<input checked="" type="checkbox"/>
146. 11(g)	Program is implementing an intermin plan for a head teacher with our Ed consultant	12/4/2025	<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: Wendy Loggans 12/8/2025  
(Provider Operator) (Date)

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