

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Meriden YMCA Child Care Center @ Roger Sherman

LICENSE #: 16821

LOCATION ADDRESS: 64 N Pearl St

TOWN: Meriden

INSPECTION REPORT DATE: 9/8/25

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)
12.3a(d)(1)	All staff will continue to sign in on the sign in sheet upon arrival to program.	9/8/25	<input checked="" type="checkbox"/>
40.5a(a)(2)(E)	Care plans completed and on site with medication for both children.	9/12/25	<input checked="" type="checkbox"/>
111.7a(h)(1-9)	Documentation on site to show shock absorbing surface fall height.	1/20/26	<input checked="" type="checkbox"/>
161.9a(b)(3)(A-B)	Written order completed and on site with the medication for both children.	9/12/25	<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: Stephanie Fusco 1/20/26

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

RETURN TO:

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