

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Lois McClain LICENSE #: 46578
LOCATION ADDRESS: 83 Montgomery St. TOWN: Waterbury INSPECTION REPORT DATE: 11.4.25

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.

Table with 4 columns: Inspection Report Item # or Regulation, Corrective Action Taken, Exact Date Corrected, and Checked/Attached. Rows include items 17, 21, 23, and 24 with handwritten descriptions of corrective actions like 'Adult will be after blood work' and 'All Background is completed'.

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.

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: Lois McClain (Provider/Operator) 1/29/2026 (Date)

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

Sorry we are late per Dr. March 4 2026 for one Adult

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
32+33	Shelton in place documented. Understand regulations and will document <del>strictly</del> <u>Next March 5</u> fire extinguisher mounted	None 5.2025	✓
36	Water Temp lowered	None 6.2025	✓
46	Water certificates for 11-4-2025	None 11/4/2025	✓
51	Health forms for children under (3) <del>to</del> <u>NO longer have any as of 1/29/26 (last day)</u>	05 of 11/29/26	✓
54+55	<del>Staff</del> Handwashing before serving	None 11/29/26	✓
65		None 11/29/26	✓

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.

Signed: Lois McClain (Date) 11/29/26 Printed Name: Lois McClain  
 (Provider/Operator)

Please see the reverse side for guidance in completing this CAP, sample CAPs and instructions for Resolving Disputed Violations

NAME OF PROVIDER/OPERATOR: LOIS MCCLELLAIN LICENSE #: 46579 INSPECTION REPORT DATE: 11.4.25

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OFC Use Only)
68	<i>Safe nap/long open child</i>	<i>None 8/22/25</i>	✓
78	<i>Dispensing - Washing hand before &amp; after</i>	<i>None 8/22/25</i>	✓

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.

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Signed: Lois McClellain (Date) 11/29/2026 Printed Name: Lois McClellain  
(Provider/Operator)

Please see the reverse side for guidance in completing this CAP, sample CAPs and instructions for Resolving Disputed Violations