

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Greater Waterbury YMCA Child Development Center

LICENSE #: 13034

LOCATION ADDRESS: 136 W Main Street

TOWN: Waterbury

INSPECTION REPORT DATE: 3/30/2026

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 (DEC Use Only)
35.4a	Program obtained a new and updated education consultant agreement.	3/31/2026	✓
39.5a	Missing flu shots were found and put in children's files.	3/31/2026	✓
40.5a	Parent signatures were obtained for two children's individual care plans.	4/10/2026	✓
88.7a	Ceiling tiles were replaced in classroom 210 with new ones.	4/13/2026	✓

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: Alisa Brown

4/13/2026

(Provider/Operator)

(Date)

RETURN TO: Betty Mayer

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

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	
111.7a	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance. Still working with O'Brien and Sons to get documentation regarding shock absorbing material. Classrooms have been informed that they are unable to use the climber until appropriate documentation has been received.	4/13/2026	✓
161.9a	med authorization was signed by parent. med authorization has not yet been signed - child has been on vacation. family notified they are unable to return until we have a signature for med authorization. and - parents picked up medication / no longer needed. med authorization was updated and current.	4/10/2026	✓

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By checking this box, and typing my name below, I am electronically signing my CAP.
 Signed: **Alisa Brown** 4/13/2026
 (Date)
 Printed Name: **Alisa Brown**