

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: _____ LICENSE #: _____

LOCATION ADDRESS: _____ TOWN: _____ INSPECTION REPORT DATE: _____

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 (OEC Use Only)

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: _____
(Provider/Operator) (Date)

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

NAME OF PROVIDER/OPERATOR: _____ LICENSE #: _____ INSPECTION REPORT DATE: _____

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 (OEC Use Only)

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.

By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: _____
(Provider/Operator) (Date)

Printed Name: _____

NAME OF PROVIDER/OPERATOR: _____ LICENSE #: _____ INSPECTION REPORT DATE: _____

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 (OEC Use Only)

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.

By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: _____
(Provider/Operator) (Date)

Printed Name: _____

Instructions for Completing an Acceptable Corrective Action Plan (CAP)

- How a violation(s) was corrected must be included; statements shall not simply indicate that corrections are “done” or “will be fixed”
- Copies of documents may be attached but the CAP must still describe what has been done to correct the violation(s); attached documents are only required when specifically requested by OEC staff
- Personally identifiable information such as children’s names, initials or dates of birth shall not be included
- The date the violation was corrected must be listed
- In cases where a permanent correction is not immediately possible, how and when the violation will be corrected and what immediate temporary measures have been put in place should be identified
- Statement must be easy to read

Sample CAPs:

Child Care Centers and Group Child Care Homes:

- All staff health records are now current and on site
- All annual consultant reviews have been completed and documentation is now on file
- The individual care plan has been signed by all staff responsible for the child’s care and by the child’s parent
- Rugs are now secured, holes in walls repaired, ceiling tiles replaced, broken floor tiles replaced and floors and walls have been washed
- All staff have been retrained on the program’s diaper changing policy
- An additional teacher has been hired to cover staff bathroom and lunch breaks
- A current fire marshal certificate has been obtained and is posted
- Impact absorbing material has been ordered and due to be delivered by the end of the month. In the interim, children will not use climbing equipment until impact absorbing material has been delivered and spread to equal 8 inches
- All medication authorization forms have been corrected, updated and are now on file

Family Child Care Homes:

- All poisons have been removed from the bathroom or stored out of reach; I will verify each day before children arrive that all poisons are inaccessible
- New batteries installed in smoke detectors on the main and second level of home and are now in working order
- One infant will not attend the program until they turn two years old at the end of the month
- My husband has submitted an application for assistant approval and will not provide direct care to children until approval has been granted
- Water temperature has been lowered and now reads 119 degrees; an anti-scalding device has been installed to avoid the temperature going over 120 degrees
- All the children’s records have been reviewed and the records are all updated
- All items will be removed from the crib when children under twelve months of age are put to sleep
- Epi-pen along with the doctor’s orders and parent permission are on site for the child who needs the Epi-pen; I am now current in my administration of medication training and Epi-pen

Resolving Disputed Violations

If you are cited for a violation of the child care licensing regulations and you do not understand the violation or why you were cited, you should:

- Ask the specialist to explain the violation, and show you which regulation was violated.
- If you still disagree that there is a violation of a regulation, you may ask for a supervisory review. You may call (860) 500-4450 and ask to speak with the supervisor of who covers your town, or in the case of a complaint investigation, ask to speak with the supervisor of the investigations unit.
- If you still wish to dispute the violation after a supervisory review, you may contact the Agency at (860) 500-4450 and request a managerial review. The manager will decide if the evidence shows a violation exists.
- A provider/operator may request a formal hearing only when the Agency issues a statement of charges and the provider wishes to contest a proposed action against the license.