

LICENSING EXEMPT CORRECTIVE ACTION PLAN (CAP)

NAME OF PROGRAM: _____ DCEX#: _____ YCEX#: _____

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

Based on the Inspection Report, the operator was cited for failure to meet the Health & Safety Requirements listed below. I hereby declare that the operator has complied in the following manner. **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**.

NOTE: A statement simply indicating that corrections are “done” or “will be fixed,” is not an acceptable Plan of Correction.

| Item # From inspection Report | Corrective Action Taken | Exact Date Corrected | Check if Accepted (OEC Use Only) |
|----------------------------------|---|-------------------------|---|
| | NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance. | | |
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Based on the inspection report, the operator was cited for failure to comply with the Health & Safety Requirements listed above. I hereby declare that the operator has complied with the Health & Safety Requirements in the above manner. I understand the Agency reserves the right to re-inspect the above program to verify compliance with the Health & Safety Requirements and to request a meeting with the operator when necessary to review patterns of non-compliance.

If the violations of Health & Safety 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.

Operators are required to be in compliance at all times.

CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY: _____

(Date)

Signed: _____

(Operator/Designee)

(Date)

RETURN TO: _____

Connecticut Office of Early Childhood

450 Columbus Blvd, Suite 302

Hartford, CT 06103 Fax: 860-326-0552

Printed Name: _____

Revised March 2024