LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF P	ROVIDER/OPERATOR: Bright Beginnings Farily Childhood Hogram LICENSE #:		
LOCATION	ROVIDER/OPERATOR: Bright Beginnings Farly Childhood Hograin License #: ADDRESS: 49 Weston Rd. TOWN: Westport INSPECTION REPORT DATI	E: /2/22/5	1020
	that do not conform to the instructions provided on the back will not be accepted. Read the instructions carefully before completing this form, your CAP will be posted online and made accessible to parents and others seeking information pertaining to your child care program.	. In accordanc	e with this
Inspection Report Item # or Regulation	the violation to ensure compilation.	Exact Date Corrected	Check if Accepted (OEC Use Only)
190-79- 4a(() 4(b)	Disciplinary action was taken and the staff was retrained in Binght Beginnings' supervision and child abuse policies.	2/24/2020	$\sqrt{}$
regulation(s)	inspection report, the licensee was cited for failure to comply with the regulations listed above. I hereby declare that the licensee in the above manner. I understand the Agency reserves the right to re-inspect the above program to verify compliance with the rethe licensee when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that is true.	gulations and	to request a
	king this box, and typing my name below, I am electronically signing my CAP. RETURN TO: Vale (1) Connecticut Office of Early Childhood		
Signed:	(M) (1) (Date) 450 Columbus Blvd, Suite 302 (Date) Hartford, CT 06103 Fax: 860-326-0552		