

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Bernice Pullen LICENSE #: 51658
 LOCATION ADDRESS: 20 Ridge Court TOWN: West Haven INSPECTION REPORT DATE: 5/23/2023

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	Exact Date Corrected	Checklist Accepted (OEC Use Only)
Prov. Medical 13	Got physical May 24/2022	5/24	✓
Carbon Monoxide 35	Purchase Carbon dioxide by May 26/22	5/24	✓
Bottle Feeding 71	Will hold baby when feeding	5/24	✓
Observable Hazards 74	TA will make sure baby will not have blanket in play area	5/24	✓

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.

Providers/Operators are required by regulations and statutes to be in compliance at all times.

CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY: [Signature] (Date) 5/27/22
 Signed: [Signature] (Provider/Operator) (Date) 5/27/22

RETURN TO: Donna Zurecki
 Connecticut Office of Early Childhood
 450 Columbus Blvd, Suite 302
 Hartford, CT 06103 Fax: 860-326-0552
860-993-0723

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