

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Joanne Scullin

LICENSE #: 22080

LOCATION ADDRESS: 53 Cook Ln

TOWN: Bloom Falls

INSPECTION REPORT DATE: 8/10/22

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 the 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	Checkmarks (OECCT Form)
#32	Emergency plan written outlining evacuation routes to safe location and how to secure with families	8/17/22	✓
#54	Health records are updated and in child's folder	8/17/22	✓
#55	immunizations are current and in child's folder	8/17/22	✓
#32	In addition to emergency plan include butchery, shelter in place and crosswalks of operations		✓

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 all 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 re-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: 8/24/22 (Date)

Signed: Joanne Scullin (Date) 8/17/2022  
(Provider/Operator)

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

Printed Name: Joanne Scullin

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

