

RECEIVED

OCT 1 9 2022

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Maritza Lopez LICENSE #: 31286
 OFFICE OF EARLY CHILDHOOD TOWN: Hartford INSPECTION REPORT DATE: 10/4/22
 LOCATION ADDRESS: 228 Bradway Ter

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	Check if Accepted (OEC Use Only)
#31	installed handrail to wall	10/15/2022	<input checked="" type="checkbox"/>
#54	¹⁰⁵⁻²² was mother called Dr. waiting on letter from her (Dr) - received letter ^{originated} copy is inclosed stating child does not needs inhaler/nebulizer of danger from Training complete - sending certificate in mail for incthe	10/15/22	<input checked="" type="checkbox"/>
#99	My previous certificate is still good till December 1st 2022.		<input checked="" type="checkbox"/>
#100	Both myself and Parent filled in section	10-5-22	<input checked="" type="checkbox"/>

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: 10/18/22
 Signed: Michael (Date)

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

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