

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Marian Howe LICENSE #: 39358

LOCATION ADDRESS: 25 Bessler Dr. TOWN: Shelton INSPECTION REPORT DATE: 10/30/2022

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)
#446	Turned down heat on water heater	10/30/22	✓
#99	Completed Administration Medical Trainings	10/31/22	✓
#100	Obtained written Authorized Preschool/Parent Permission form signed by Doctor	Date 9/30/22	✓

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 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: 11/3/2022 (Date)

Signed: Rebecca Cuelles (Date) 10/30/2022

Printed Name: Marian Howe (Date)

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

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

Office of Early Childhood  
 NOV 2 2022  
 RECEIVED