

LICENSING CORRECTIVE ACTION PLAN (CAP)

LICENSE # 02458

NAME OF PROVIDER/OPERATOR: Evelyn De Jesus

TOWN: West Hartford

INSPECTION REPORT DATE: 11/4/22

LOCATION ADDRESS: _____

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)
#30	Instant cold packs replace in First Aid.	11.15.22	✓
#5i	child emergency permission completed	11.8.22	✓
#5t	child authorized release completed		✓

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: 11/8/22

Signature: Paula De Jesus (Date)

Printed Name: Evelyn De Jesus

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

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