

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Westport Weston Cooperative Nursery School LICENSE #: 12455
 LOCATION ADDRESS: 10 Lyons Plains Road TOWN: Westport INSPECTION REPORT DATE: 12/6/2022

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)
45	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.		
45	We have secured the wooden refridgerator with heavy duty velcro strips attaching it to the adjacent furniture	12/8/2022	✓
45	The toilet seat was replaced in the Oak room bathroom	12/9/2022	
45	Patches were sewn into the arms of the upholstered chair in the Birch Room	12/12/2022	
102	The two incomplete medicine administration forms have been completed by the parents		
19a-79-3a	Care plan has been completed by doctor - Benadryl remains part of the plan and the protocol is complete. Parent provided benadryl.	12/8/2022	✓
		12/9/2022	✓

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.

By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: Patricia Rackliffe 12/13/2022

(Provider/Operator) _____ (Date)

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