

LICENSING CORRECTIVE ACTION PLAN (CAP)

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NAME OF PROVIDER/OPERATOR: LARNA DESROSIERS LICENSE #: 45329
 LOCATION ADDRESS: 12 COPPER PT TOWN: SOUTHFIELD INSPECTION REPORT DATE: 11/8/22

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 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 NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.	Exact Date Corrected	Checklist Accepted (OEC Use Only)
53	All 7 on file	✓	✓
54	Health record on file	✓	✓
55	Immunization on file	✓	✓
32	Emergency plan in place and on file	✓	✓

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: 11/21/22

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

Signed: Larna Desrosiers 12-21-22
(Provider/Operator) (Date)

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