

LICENSING CORRECTIVE ACTION PLAN (CAP)

LICENSE #: 22578
INSPECTION REPORT DATE: 1/19/23

NAME OF PROVIDER/OPERATOR: Lisa Raimondi
LOCATION ADDRESS: 44 Turner Rd TOWN: Hartford
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 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
#17	Up to date physical - House hold member	2/3/23 ✓
#21	House hold members (Background Check) Completed	✓
#23	Lock on shed at new one	✓
#50	Bought another Cold Pack in First Aid Kit	✓
#54	ALL Enrollments up dated in file	✓

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 regulations in the above manner. I understand the Agency reserves the right to re-inspect the above program to verify compliance with the regulations with the licensee when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that the information on this form is true.

Licensees/Operators are required by regulations and statutes to be in compliance at all times.

CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY: 2/2/23 (Date)
Lisa A Raimondi 2/6/23 (Date)
(Provider/Operator)

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

cc: LISA A RAIMONDI
Please see the reverse side for guidance in completing this CAP, sample CAPs and instructions for Resolving Disputes

