

LICENSING CORRECTIVE ACTION PLAN (CAP)

LICENSE #: 54995

INSPECTION REPORT DATE: 6/24/23

NAME OF PROVIDER/OPERATOR: Sullivan Gordon TOWN: Bridgewater
 LOCATION ADDRESS: 1440 Fairfield Ave
 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	Compliance Status
#19	Children will never again be left with no one other than an approved staff	6/28/23	✓
#85	Whenever I need to go down stairs for any reason, I will bring the children with me or they will be with an approved staff	6/28/23	✓

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.
 PROVIDERS/OPERATORS SHALL BE RETURNED TO OEC BY: 6/23 (Date)
 CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY: 6/30/23 (Date)

Signed: Julien Clark (Provider/Operator)
Sullivan Gordon
 Printed Name: Sullivan Gordon
 Please see the reverse side for guidance in completing this CAP, sample CAPs and instructions for Resolving Disputed Violations

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