

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Anna Dominguez Mora LICENSE #: 510593

LOCATION ADDRESS: 25 Elm St TOWN: Windsor INSPECTION REPORT DATE: 1/26/22

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	Exact Date Corrected	Check if Accepted (OEC Use Only)
# 55	I obtained all records of immunizations for all kids missing	2/4/22	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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: 2/9/22 (Date)

Signed: [Signature] (Date) 2.4.22 (Date)

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

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