

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Natalie White LICENSE #: 57000

LOCATION ADDRESS: 41 Gordon Ln.1 TOWN: East Hartford INSPECTION REPORT DATE: 7/27/23

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)
#21	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance. Provider and family member background and fingerprints have been completed	9/9/23	✓
#23	New screw was installed to the bottom of the slide	8/4/23	✓
#35	Carbon Monoxide installed upstairs	8/7/23	✓
#56	Parent filled out the emergency contact & signed	7/27/23	✓
#57	Parent filled out Authorized Release and signed	7/27/23	✓

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.

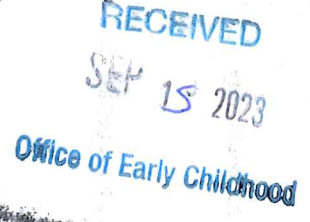
If the violations of child care regulations referenced in the Report(s) related to this Corrective Action Plan reoccur in the future, the violations may no longer be considered resolved by this Corrective Action Plan and the Agency may bring disciplinary action based upon the violations identified in the Report(s) related to this Corrective Action Plan.

Providers/Operators are required by regulations and statutes to be in compliance at all times.
CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY: 9/15/23

Signed: Natalie White 9/11/23 (Date)
(Provider/Operator)

RETURN TO: Jannie Thornton
Connecticut Office of Early Childhood
450 Columbus Blvd, Suite 3

Hartford, CT 06103 Fax: 860-326-0552



natter3510@gmail

.com

BCIS ID

b5f70fed-05e8

Status

Current

Document Links



Person Detail

Background Check

Program

Roster

✓ Certify

FAQ

Roster

Select your roster from the drop down list below

Select Roster

-DCFH.57000

Invite Person

Download PDF

Download Excel

Filter



Please hover your mouse over the status columns to get more details

Name	DOB	BCIS ID	Background Check Expiry Date	Future Background Check Expiry Date	Status	Role	Action
JEREMIAH TRAIL	02/14/2004	867E6851-DB63	09/25/2025		Current	Household Member age 18	Invite to BCIS
JONATHAN TRAIL	01/24/1999	3688CBEC-F4DB	08/07/2028		Current	Member age 18 and older	
NATALIE Terrace WHITE	07/17/1974	b5f70fed-05e8	08/03/2028		Current	Provider	

Items per page: 5

1 - 3 of 3

