Page ____ of ____

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Heather Bosworth LICENSE #: 57499

LOCATION ADDRESS: 50 Washington Ave TOWN: East Hartford INSPECTION REPORT DATE: 8/14/23

Plans 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	Check if Accepted *(OEC Use Only)*
23	Standing water outside has been dumped	8/14/23	✓
33	fire drills have been documented and up to date	8/23/23	✓
36	fire ext. has been hung on wall	8/18/23	✓
#46	water temp has been lowered	8/18/23	✓
54	health records have been updated	8/18/23	✓
55	records have been updated	8/18/23	✓
97	topical med. has been moved and stored properly	8/14/23	✓
99			

In 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 section(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.

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: 8/28/23 (Date)

Heather Bosworth (Provider/Operator) _____ (Date)

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

Name: Heather Bosworth

Please see the reverse side for guidance in completing this CAP, sample CAPs and instructions for Resolving Disputed Violation

June 2023

OF PROVIDER/OPERATOR: Heather Bosworth LICENSE #: 51499 INSPECTION REPORT DATE: 8/14/23

ion Report n # or ulation	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	Check if Accepted (OEC Use Only)
0D	parent permission signed	8/18/23	✓
02	inhaler on site	8/24/23	✓
69	care plans updated	8/24/23	✓
	rock n play removed	8/14/23	✓
	pets taken care of	8/14/23	✓

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Heather Bosworth _____ Printed Name: Joanne Thornton

(Provider/Operator) (Date)

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

2023