LICENSING CORRECTIVE ACTION PLAN

NAME OF PROGRAM/PROVIDER: Seymour-Oxford Child Care LICENSE #: 13192

LOCATION ADDRESS: 51 Skokorat St TOWN OF OPERATION: Seymour

INSPECTION REPORT DATE: 2/4/ 2025 INSPECTOR: Kristi Morgan

Based on the Inspection Report, the licensee was cited for failure to comply with the regulations listed below. I hereby declare that the licensee has complied with the regulation(s) in the following manner and implemented systematic changes that will ensure that the violation(s) will not recur.

NOTE: A statement simply indicating that corrections are "done" or "will be fixed next year," is not an acceptable Plan of Correction.

Item # /Violation# From Inspection Report	Corrective Action Taken (Describe How the violation(s) were corrected)	Date Corrected
18	Updated Complaint Procedure printed and posted.	2/6/25 ✓
21	updated the BCIS Card printed and put it in the employee's file on site.	2/11/25 ✓
35	A New Health Consultant Agreement was sent to the Nurse Consultant and is waiting for the signature. Has visit on 2/25/25	✓
95	Cleaning products were removed from the shelf and put in the custodian's closet.	2/5/25 ✓

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.

Operators (Owners) are required by regulations and statutes to be in compliance at all times.

CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY: 2/ 18 / 2025 *(Date)*

Signed: _____ *(Owner/Director)* 2/19/25 *(Date)*

RETURN TO: Kristi Morgan

Connecticut Office of Early Childhood
450 Columbus Blvd, Suite 302
Hartford, CT 06134-0308
Fax Number (860) 326-0552

Please see the reverse side for the Core Elements of a Corrective Action Plan & Disputing Violations