

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Bushra Haroon LICENSE #: Pending  
 LOCATION ADDRESS: 257 Peck Lane TOWN: Orange INSPECTION REPORT DATE: 4/03/25  
 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)
03 Hazards	Well covered by the outdoor carpet and no more sharps edges accessible to the children.	04/15/25	<input checked="" type="checkbox"/>
31 Stairways	Gates were added on deck stairs and handrail stairs 04/14/25 Railings were added on the deck stairs where children will be entering & exiting of pit on back basement deck.		<input checked="" type="checkbox"/>
<del>36. Firearm's in Basement</del>	Deck, 1/2" back door stair are no longer accessible to children.		<input checked="" type="checkbox"/>
36 Fire extinguisher	Five Extinguisher 5lb ABC purchased & mounted.	04/15/25	<input checked="" 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. Prior to obtaining  
 CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY: alicenser RETURN TO: Stef Russ D  
 Signed: [Signature] (Date) 04/22/25 (Date) OEC  
 Connecticut Office of Early Childhood  
 450 Columbus Blvd, Suite 302  
 Hartford, CT 06103 Fax: 860-326-0552

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