# LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Simsbury BrightPath LICENSE #: 16415

LOCATION ADDRESS: 1 St. John's Place TOWN: Simsbury INSPECTION REPORT DATE: 6/6/2025

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<br>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)* |
|---|---|---|---|
| #47 | Staff were counseled on following the menu and include all food items listed. Alternate Administer will conduct walk-throughs during eating times to ensure that staff are following menu. | 6/10/2025 | ✓ |
| #104 | Cabinets in T9,T8, and T10 have been secured by anchoring them to the wall. Cubby in PS4 has been secured by anchoring to wall. Cubby in Infant 1 has been removed. | 6/16/2025 | ✓ |
| #111 | Mulch has been ordered and will be delivered on June 25th. In the meantime, we have raked excess mulch from fence area to are under spider climber. | 6/18/2025 | ✓ |
| #130 | Retrained infant teachers on safe sleep practices. Posted entire safe sleep policy. | 6/13/2025 | ✓ |

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.**

☑ By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: Elizabeth Marek 6/18/202

*(Provider/Operator)* *(Date)*

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

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| #164 | Had parent replace with new Benadryl and parent had pharmacy reprint prescription label. | 6/17/2025 | ✓ |
| #166 | Epi Pen removed, student no longer attends. | 6/6/2025 | ✓ |
| #1 | Local Health Inspection downloaded from FVHD website, printed and put into state binder. | 6/16/2025 | ✓ |
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Signed: Elizabeth Marek 6/18/20

*(Provider/Operator)* *(Date)*

Printed Name: _____