

**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Lucille Johnson Childcare Center LICENSE #: DCCC.15175  
 LOCATION ADDRESS: 816 Fairfield Ave TOWN: Bridgeport INSPECTION REPORT DATE: 7/22/2025

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	Exact Date Corrected	Check if Accepted (OEC Use Only)
35. 4a(i) (F)	All annual reviews are now complete for all consultants and documentation is now on file.	8/12/2025	✓
66. 7a(c) (2)	Damaged areas temporarily sealed with duct tape; request for replacement climbers has been sent. Toilets were thoroughly cleaned and dark rings removed Microwave was discarded and removed	7/22/2025	✓
95. 7a(e)(10)	All bottles have been labeled to include the name of the contents and the correct dilution ratio: ½ teaspoon bleach per 1 gallon of water	7/23/2025	✓
111. 7a(h) (1-9)	Affected areas were sanded, sealed, and painted with textured, weather-resistant, non-slip paint; non-slip pads applied for added safety	7/22/2025	✓

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: Bonita Perry 7/29/2025

(Provider/Operator) (Date)

RETURN TO: Lori Mangano

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