




LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Marilyn Webb LICENSE #: 13480
 LOCATION ADDRESS: 14 Golden Hill Rd TOWN: Danbury INSPECTION REPORT DATE: 8/6/2025

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 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)
005	I understand that I cannot transfer my license to another property without authorization	8/8/2025	
011	I will notify OEC if there are any changes made to property, program, etc	8/8/2025	
093	I will always allow full access to OEC at all times.	8/8/2025	

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: Marilyn Webb 8/8/2025
(Provider/Operator) (Date)

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