



**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ INSPECTION REPORT DATE: \_\_\_\_\_

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.

<b>Inspection Report Item # or Regulation</b>	<b>Corrective Action Taken</b> NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.	<b>Exact Date Corrected</b>	<b>Check if Accepted (OEC Use Only)</b>
			
			

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.**

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

Signed: \_\_\_\_\_  
(Provider/Operator)
(Date)

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