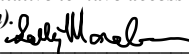




**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

|                                     |   |           |                    |                                |                              |                            |                   |
|-------------------------------------|---|-----------|--------------------|--------------------------------|------------------------------|----------------------------|-------------------|
| <b>PROVIDER</b>                     | <b>SALLY MORALES</b>  |           |                    | <b>LICENSE NUMBER</b>          | <b>DCFH.56176</b>            | <b>DATE OF INSPECTION</b>  | <b>03/17/2026</b> |
|                                     |   |           |                    | <b>EXPIRATION DATE</b>         | <b>8/31/2028</b>             | <b>TIME OF INSPECTION</b>  | <b>10:11 AM</b>   |
| <b>ADDRESS</b>                      | <b>26 VERNON ST<br/>HARTFORD<br/><br/>CT 06106-3213</b>   |           |                    | <b>TELEPHONE</b>               | <b>(860)</b>                 | <b>REGULAR CAPACITY</b>    | <b>6</b>          |
|                                     |   |           |                    | <b>HOURS OF OPERATION</b>      | <b>6:30 AM - 5:00 PM</b>     | <b>SCHOOL AGE CAPACITY</b> | <b>3</b>          |
|                                     |   |           |                    | <b>DAYS OF OPERATION</b>       | <b>Mon-Fri</b>               | <b>SUMMER HOURS</b>        | <b>Open</b>       |
| <b>IS THIS A CHANGE OF ADDRESS?</b> | <b>YES</b>  | <b>NO</b> | <b>NEW ADDRESS</b> | <b># UNDER 18 MTHS PRESENT</b> | <b>0</b>                     | <b>WEEKEND HOURS</b>       | <b>No</b>         |
|                                     |   | <b>X</b>  |                    | <b>TOTAL CHILDREN PRESENT</b>  | <b>3</b>                     | <b>NIGHT HOURS</b>         | <b>No</b>         |
| <b>TYPE OF INSPECTION</b>           | <b>UNANNOUNCED INSPECTION - FULL</b>  |           |                    | <b>INSPECTOR'S NAME</b>        | <b>Stefanie Russo</b>        |                            |                   |
| <b>PROVIDER'S EMAIL</b>             | <b>smoralesjnb@gmail.com</b>  |           |                    | <b>INSPECTOR'S EMAIL</b>       | <b>stefanie.russo@ct.gov</b> |                            |                   |
| <b>KEY:</b>                         | <i>Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).</i> |           |                    |                                |                              |                            |                   |
| <b>COMPLIANT = X</b>                | <br>_____<br>Signature of Provider/Substitute/Applicant   |           |                    |                                |                              |                            |                   |
| <b>NON-COMPLIANT = O</b>            |   |           |                    |                                |                              |                            |                   |

**TERMS OF THE LICENSE 19a-87b-5**

|          |  |          |
|----------|--|----------|
| <b>X</b> | <b>4. 5(d)(10(a)) CAPACITY</b>                   |          |
| <b>X</b> | <b>5. 5(c) NON-TRANSFERABILITY OF LICENSE</b>    | Pending? |
| <b>X</b> | <b>6. 5(e) INFANT/TODDLER RESTRICTION</b>        |          |
| <b>X</b> | <b>7. 5(f)(2) LICENSE POSTED</b>                 |          |
| <b>X</b> | <b>8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER</b> |          |
| <b>X</b> | <b>9. 5(h) PHOTO ID</b>                          |          |
| <b>X</b> | <b>10. 5(i) REQUESTS FOR INFORMATION</b>         |          |
| <b>X</b> | <b>11. 5(j) NOTIFICATION OF CHANGE</b>           |          |

**QUALIFICATION OF PROVIDER 19a-87b-6**

|          |  |                   |
|----------|--|-------------------|
| <b>X</b> | <b>12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS</b> |                   |
| <b>X</b> | <b>13. 6(b) MEDICAL STATEMENT</b>                          |                   |
|          | <b>EXPIRATION DATE:</b>                                    | <b>04/23/2027</b> |

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>14. 6(c)(1)</b><br>FIRST AID<br>CERTIFICATE |  |
|          | EXPIRATION DATE:<br>04/13/2027                 |  |
| <b>X</b> | <b>15. 6(c)(2)</b><br>CPR CERTIFICATE          |  |
|          | EXPIRATION DATE:<br>04/13/2027                 |  |
| <b>X</b> | <b>16. 6(e)</b><br>JUDGMENT                    |  |

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>17. 7(a)</b><br>MEDICAL<br>STATEMENT     |  |
| <b>X</b> | <b>18. 7(b)</b><br>HOUSEHOLD<br>ENVIRONMENT |  |

**QUALIFICATIONS OF STAFF 19a-87b-8**

|          |  |     |       |  |         |  |
|----------|--|-----|-------|--|---------|--|
| <b>X</b> | <b>19. 8(a)-(b)</b><br>SUBSTITUTE -<br>ASSISTANT | Y/N | NAME: |  | Appvl # |  |
|          |  | N   | NAME: |  | Appvl # |  |
|          | PRESENT AT VISIT?                                |     |       |  |         |  |
|          | N  |     |       |  |         |  |
| <b>X</b> | <b>20. 8(c)</b><br>EMERGENCY<br>CAREGIVER        |     |       |  |         |  |

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>21. 8a(a)-(f)</b><br>BACKGROUND<br>CHECK(S) |  |
|----------|--|--|

**PHYSICAL ENVIRONMENT 19a-87b-9**

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>22. 9(a)</b><br>CLEAN/SANITARY<br>ENVIRONMENT                          |  |
| <b>X</b> | <b>23. 9(b)</b><br>FREEDOM OF<br>HAZARDS                                  |  |
| <b>X</b> | <b>24. 9(c)</b><br>HARMFUL<br>SUBSTANCES and<br>MATERIALS<br>INACCESSIBLE |  |
| <b>X</b> | <b>25. 9(c)</b><br>BIO-<br>CONTAMINANTS<br>DISPOSED SAFELY                |  |
| <b>X</b> | <b>26. 9(d)(1)</b><br>SAFE STORAGE<br>OF FLAMMABLES                       |  |
| <b>X</b> | <b>27. 9(d)(2)</b><br>SAFE DOOR<br>FASTENERS                              |  |
| <b>X</b> | <b>28. 9(d)(3)</b><br>ELECTRICAL<br>SAFETY                                |  |

|          |  |          |           |
|----------|--|----------|-----------|
| <b>X</b> | <b>29. 9(d)(4)-(A)</b><br><b>SAFE EXITS</b>                              |          |           |
| <b>X</b> | <b>30. 9(d)(4)(A)</b>  | Y/N      |           |
|          | <b>BASEMENT SUPERVISION</b>  | Y        |           |
|          | <b>USED FOR CARE ?</b>   | Y/N<br>N |           |
| <b>X</b> | <b>31. 9(d)(4)(D)</b><br><b>STAIRWAYS - PROTECTED, HANDRAILS</b>         |          |           |
| <b>X</b> | <b>32. 9(d)(4)(E)-(5)</b><br><b>EMERGENCY PLAN</b>                       |          |           |
| <b>X</b> | <b>33. 9(d)(5)</b><br><b>EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG</b> |          |           |
| <b>X</b> | <b>34. 9(d)(6)</b><br><b>SMOKE DETECTORS</b>                             |          |           |
| <b>X</b> | <b>35. 9(d)(7)</b><br><b>CARBON MONOXIDE DETECTOR</b>                    |          |           |
| <b>X</b> | <b>36. 9(d)(8)</b><br><b>FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED</b>      |          |           |
| <b>X</b> | <b>37. 9(d)(9)</b> N/A? Y  | TYPE:    | APPROVED? |
|          | <b>AUXILIARY HEATING SYSTEM</b>  |          |           |
| <b>X</b> | <b>38. 9(e)</b><br><b>SAFE STORAGE OF WEAPONS AND AMMUNITION</b>         |          |           |
| <b>X</b> | <b>39. 9(f)(1)-(2)</b><br><b>SAFE SPACE- SUFFICIENT</b>                  |          |           |
|          | INDOORS   OUTDOORS<br>Yes   Yes  |          |           |
| <b>X</b> | <b>40. 9(f)(2)</b> N/A?  | TYPE:    | BARRIER:  |
|          | <b>BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED</b>               |          |           |
| <b>X</b> | <b>41. 9(f)(3)</b> N/A?<br><b>HOT TUBS- LOCKED -INACCESSIBLE</b>         |          |           |
| <b>X</b> | <b>42. 9(g)</b><br><b>VENTILATION, LIGHT AND TEMPERATURE- 65°</b>        |          |           |
| <b>X</b> | <b>43. 9(g)</b><br><b>WINDOW SAFETY</b>                                  |          |           |
| <b>X</b> | <b>44. 9(h)</b><br><b>WASHING TOILETING, SEWAGE GARBAGE FACILITIES</b>   |          |           |
| <b>X</b> | <b>45. 9(i)</b><br><b>ADEQUATE AND SAFE WATER -</b>                      |          |           |
|          | TYPE OF SYSTEM:<br><b>Public Water</b>                                   |          |           |
| <b>X</b> | <b>46. 9(h)</b><br><b>WATER TEMPERATURE- 60°-120°</b>                    |          |           |

|          |   |                             |
|----------|---|-----------------------------|
| <b>X</b> | <b>47. 9(i)</b><br><b>PASTEURIZATION OF MILK SUPPLY</b>                       |                             |
| <b>X</b> | <b>48. 9(k)</b><br><b>WORKING PHONE, EMERGENCY NUMBERS POSTED</b>             |                             |
| <b>X</b> | <b>49. 9(l)</b><br><b>SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS</b> |                             |
| <b>X</b> | <b>50. 9(m)-(n)</b><br><b>FIRST AID KIT and SUPPLIES</b>                      |                             |
| <b>X</b> | <b>51. 9(o)</b><br><b>PET PROTECTION</b>                                      | TYPE of PETS: <b>2 dogs</b> |
|          | PETS? Y/N <b>Y</b>  |                             |
|          | RABIES CERTS? Y/N <b>Y</b>  |                             |
| <b>X</b> | <b>52. 9(p)</b><br><b>Smoking Prohibited</b>                                  |                             |

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>53. 10(b)(1)</b><br><b>ENROLLMENT FORM</b>   |  |
| <b>X</b> | <b>54. 10(b)(2)</b><br><b>CHILD HEALTH RECORD</b>   |  |
| <b>X</b> | <b>55. 10(b)(2)(v)(I)</b><br><b>IMMUNIZATIONS</b>   |  |
| <b>X</b> | <b>56. 10(b)(3)(B)</b><br><b>EMERGENCY PERMISSION</b>   |  |
| <b>X</b> | <b>57. 10(b)(3)(A)</b><br><b>AUTHORIZED RELEASE</b>   |  |
| <b>X</b> | <b>58. 10(b)(3)(C)-(D)-(F)</b><br><b>FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL</b> |  |
| <b>X</b> | <b>59. 10(b)(3)(E)</b><br><b>SWIMMING PERMISSION</b>  |  |
| <b>X</b> | <b>60.10(b)(4)</b><br><b>INCIDENT LOG</b>   |  |
| <b>X</b> | <b>61. 10(b)(5)</b><br><b>CONFIDENTIALITY</b>   |  |
| <b>X</b> | <b>62. 10(c)</b><br><b>MEETING THE CHILD'S NEEDS</b>  |  |
| <b>X</b> | <b>63.10(c)(1)</b><br><b>SUFFICIENT PLAY EQUIPMENT</b>  |  |

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>64. 10(c)(2)</b><br><b>GOOD NUTRITION-<br/>MEALS/SNACKS,<br/>WATER AVAILABLE</b>                                |  |
| <b>X</b> | <b>65. 10(c)(3)</b><br><b>HANDWASHING</b>  |  |
| <b>X</b> | <b>66. 10(c)(4)</b><br><b>FLEXIBLE AND<br/>BALANCED<br/>WRITTEN<br/>SCHEDULE</b>                                   |  |
| <b>X</b> | <b>67. 10(c)(6)</b><br><b>PERSONAL<br/>ARTICLES-<br/>BLANKET, TOWEL,<br/>TOILET ARTICLES</b>                       |  |
| <b>X</b> | <b>68. 10(c)(5)</b><br><b>PROPER REST<br/>PROVISIONS – SAFE<br/>CRIBS</b>  |  |
| <b>X</b> | <b>69. 10(d)</b><br><b>INDIVIDUAL PLAN<br/>FOR CARE</b>  |  |
| <b>X</b> | <b>70. 10(d)(1-2)</b><br><b>CULTURAL<br/>DIFFERENCES, SP.<br/>NEEDS, DEV. APPR.<br/>ACTIVITIES</b>                 |  |
| <b>X</b> | <b>71. 10(e)</b><br><b>INFANT CARE,<br/>INDIV ATTENTION,<br/>HELD FOR BOTTLE<br/>FEEDINGS</b>                      |  |
| <b>X</b> | <b>72. 10(f)(1)</b><br><b>INFANTS PLACED<br/>ON BACK FOR<br/>SLEEPING</b>  |  |
| <b>X</b> | <b>73. 10(f)(1)</b><br><b>INFANTS PLACED IN<br/>CRIB, WELL<br/>CONSTRUCTED, SNUG<br/>MATTRESS, TIGHT<br/>SHEET</b> |  |
| <b>X</b> | <b>74. 10(f)(3)-(4)/(7)</b><br><b>CRIB OR OTHER<br/>PROVISION FREE<br/>FROM OBSERVABLE<br/>HAZARDS</b>             |  |
| <b>X</b> | <b>75. 10(f)(5)</b><br><b>INFANTS NOT<br/>SWADDLED</b>   |  |
| <b>X</b> | <b>76. 10(f)(6)</b><br><b>INFANTS<br/>SUPERVISED –<br/>MINIMUM EVERY 15<br/>MINUTES</b>                            |  |
| <b>X</b> | <b>77. 10(f)(8)</b><br><b>REQ. FOR SLEEP<br/>ARRANGEMENTS<br/>POSTED/DISCUSSED</b>                                 |  |
| <b>X</b> | <b>78. 10(g)</b><br><b>DIAPER CHANGING-<br/>FREQUENT, SANITARY,<br/>HANDWASHING,<br/>WASTE DISPOSAL</b>            |  |
| <b>X</b> | <b>79. 10(h)(1)-(9)-(11)</b><br><b>PARENT<br/>INFORMATION AND<br/>ACCESS</b>                                       |  |
| <b>X</b> | <b>80. 10(h)(10)</b><br><b>DEVELOPMENTAL<br/>MILESTONES –<br/>POSTED</b>   |  |

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>81. 10(i)</b><br>SUPERVISION-<br>AT ALL TIMES,<br>INDOORS and<br>OUTDOORS             |  |
| <b>X</b> | <b>82. 10(i)(1)</b><br>PERSONAL<br>SCHEDULE- ALERT,<br>COMPETENT<br>ATTENTION            |  |
| <b>X</b> | <b>83. 10(i)(2)</b><br>FULL ATTENTION -<br>DISTRACTIONS,<br>EMPLOYMENT,<br>SOCIALIZATION |  |
| <b>X</b> | <b>84. 10(i)(3)</b><br>IMMEDIATE<br>ATTENTION  |  |
| <b>X</b> | <b>85. 10(i)(4)</b><br>SUBSTITUTE –<br>EMERGENCY<br>CAREGIVER PRESENT                    |  |
| <b>X</b> | <b>86. 10(j)</b><br>APPR. DISCIPLINE,<br>BEHAVIOR<br>MANAGEMENT                          |  |
| <b>X</b> | <b>87. 10(j)(2)</b><br>DISCUSS BEH.<br>MANAGEMENT<br>METHODS W/STAFF<br>AND PARENTS      |  |
| <b>X</b> | <b>88. 10(k)(1)</b><br>CHILD<br>PROTECTION-<br>ABUSE/NEGLECT                             |  |
| <b>X</b> | <b>89. 10(k)(2)(A-B)</b><br>NOTIFY OEC<br>WITHIN 24 HRS. -<br>DEATH OR SERIOUS<br>INJURY |  |
| <b>X</b> | <b>90. 10(k)(3)</b><br>MANDATED<br>REPORTING ABUSE<br>OR NEGLECT TO<br>DCF               |  |

**SICK CHILD CARE 19a-87b-11**

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>91. 11(a)(1)-(3)</b><br>SICK CHILD CARE |  |
|----------|--|--|

**NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N**

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>92. 12(a)(1)-(3)</b><br>SEPARATE BED-<br>LOCATION OF BED -<br>APPROPRIATE<br>SLEEPWEAR |  |
|----------|---|--|

**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>93. 13(a)-(f)</b><br>ACCESS- IMMEDIATE,<br>ENTIRE OR PART OF<br>FACILITY AND<br>RECORDS |  |
|----------|--|--|

**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y**

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>94. 17</b><br><b>POLICIES AND</b><br><b>PROCEDURES FOR</b><br><b>ADMIN OF MEDS</b>                        |  |
| <b>X</b> | <b>95. (a)(2)</b><br><b>PARENT</b><br><b>PERMISSION FOR</b><br><b>NONPRESCRIPTION</b><br><b>TOPICAL MEDS</b> |  |
| <b>X</b> | <b>96. (a)(2)(b)(3)(D)</b><br><b>NOTIFICATION -</b><br><b>DOCUMENTATION</b><br><b>OF MED ERROR(S)</b>        |  |
| <b>X</b> | <b>97. (a)(3)</b><br><b>NONPRESCRIPTION</b><br><b>TOPICAL MEDS-</b><br><b>STORED/LABELED</b>                 |  |
| <b>X</b> | <b>98. (a)(3)(C)</b><br><b>UNUSED -EXPIRED</b><br><b>NONPRESCRIPTION</b><br><b>MEDS</b>                      |  |
| <b>X</b> | <b>99. (b)(1)(2)</b><br><b>DOCUMENTED</b><br><b>MEDICATION</b><br><b>TRAINED STAFF</b>                       |  |
| <b>X</b> | <b>100. (b)(3)</b><br><b>WRITTEN AUTH</b><br><b>PRESCRIBER,</b><br><b>PARENT</b><br><b>PERMISSION</b>        |  |
| <b>X</b> | <b>101. (b)(4)(A-B)</b><br><b>MAR MAINTAINED</b>   |  |
| <b>X</b> | <b>102. (b)(5)(A-B)</b><br><b>PRESCRIPTION</b><br><b>MEDS -</b><br><b>STORED/LABELED</b>                     |  |
| <b>X</b> | <b>103. (b)(5)(D)</b><br><b>UNUSED/EXPIRED</b><br><b>PRESCRIPTION</b><br><b>MEDS</b>                         |  |
| <b>X</b> | <b>104. (b)(5)(C)(E)</b><br><b>EMERGENCY MEDS-</b><br><b>EQUIPMENT</b><br><b>LABELED/CURRENT</b>             |  |
| <b>X</b> | <b>105. (b)(6)</b><br><b>SELF -</b><br><b>ADMIN. OF MEDS</b>   |  |
| <b>X</b> | <b>106. (b)(7)</b><br><b>PETITION FOR</b><br><b>SPECIAL</b><br><b>MEDICATION</b><br><b>AUTHORIZATION</b>     |  |
| <b>X</b> | <b>107. (d)</b><br><b>POTASSIUM IODIDE</b><br><b>(KI)</b>  |  |
|          | N/A  |  |

**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>108. (a)</b><br><b>POLICIES FOR</b><br><b>FINGER STICK</b><br><b>BLOOD GLUCOSE</b><br><b>TESTING</b>    |  |
| <b>X</b> | <b>109. (b)</b><br><b>FINGER STICK</b><br><b>BLOOD GLUCOSE</b><br><b>TESTING - STAFF</b><br><b>TRAINED</b> |  |

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>110. (c)(3)</b><br>SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING            |  |
| <b>X</b> | <b>111. (d)</b><br>TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED |  |
| <b>X</b> | <b>112. (e)(1-2)</b><br>FINGER STICK BLOOD GLUCOSE TESTING RECORDS                |  |
| <b>X</b> | <b>113. (e)(3)</b><br>PARENT NOTIFICATION OF TEST RESULTS                         |  |

**ADDITIONAL VIOLATIONS**

|  |  |          |  |
|--|--|----------|--|
|  | <b>114.</b><br>CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN | N/A?     |  |
|  |  | <b>Y</b> |  |


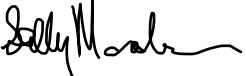
|  |           |  |                     |
|--|-----------|--|---------------------|
| <b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b> | <b>No</b> | <b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b> | <b>0 out of 110</b> |
|--|-----------|--|---------------------|

**DISCUSSIONS/COMMENTS**

Discussed continuing to document at least quarterly emergency drills. Discussed medication training if child/children require medications on site.

**IMPORTANT NOTES**

- \* It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- \* Only the regulations marked as compliant or non-compliant were monitored or discussed.

|                                    |   |   |                                   |
|------------------------------------|---|---|-----------------------------------|
| Signature of OEC Representative    |  |   | Signature of Provider/ Substitute |
| Printed Name                       | <b>Stefanie Russo</b>   | <b>SALLY MORALES</b>  | Printed Name                      |
| 2 <sup>nd</sup> OEC Representative |   | <b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency. |                                   |
| Printed Name                       |   | <b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>   |                                   |



Written Corrective Action Plan due by:

**DIVISION OF LICENSING**  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

OEC Representative's Email: **stefanie.russo@ct.gov**

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>