

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Glenda T. Flores De Custer

LICENSE #: Pending

LOCATION ADDRESS: 220 Campbell Ave TOWN: Hartford

INSPECTION REPORT DATE: 4/10/26


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)
34 Smoke Detectors	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance. I called local Fire department to request smoke detectors if FD referred me to Red Cross. Red Cross resolved issue by installing kiddie brand detectors provided by them. Smoke detectors are fully functioning in main level and basement.	4/11/26	<input checked="" type="checkbox"/>
35 Carbon monoxide	I purchased carbon monoxide detectors. Detectors were installed by the Red Cross staff. Carbon monoxide detectors are fully functioning in main level and basement.	4/11/26	<input checked="" type="checkbox"/>
50 First Aid supplies	CPA Wash is placed next to First Aid kit & location.	4/20/26	<input checked="" type="checkbox"/>

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.

CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY: 4/12/26 Prior to obtaining

Signed: 

(Provider/Operator)

4/12/26 (Date)

OEC

RETURN TO: Stef Russo

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

Printed Name: Glenda Flores de Custer

email stefaniv@andersonct.gov

Please see the reverse side for guidance in completing this CAP, sample CAPs and instructions for Resolving Disputed Violations