LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Kenia De La Rosa LICENSE #: 57019

LOCATION ADDRESS: 71 Kensington Cir TOWN: Wolcott INSPECTION REPORT DATE: 2/1/22

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)*
#28 cables	Los Cables fueron Cubiertos en la pared para protección de los niños.	2/2/22	✓
#32 plan de emergencia	El plan de fue llenado con los puntos de emergencia para y descutidos con los papás.	2/3/22	✓
#33 ensayos de evacuacion	El ensayo de emergencia fue llevado el 2/10/22 con los niños al punto del arbol en el area del jardin.	2/10/22	✓
#44 bote de basura sin tapa.	El bote fue remplazo con uno con tapa.	2/3/22	✓
#50 botiquin incompleto	El botiquin fué Completado con el CPR Mantenimiento y tarjeta.	2/3/22	✓

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. Or #33 El ensayo se registro y continuara registrando todos los ensayos S. Continuados ensayando y registrando el ensayo una vez cada Bimestres.

Providers/Operators are required by regulations and statutes to be in compliance at all times.

CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY: 2/15/2022 *(Date)*

Signed: KD *(Provider/Operator)* 2/11/22 *(Date)* 4/12/22

Printed Name: Kenia De La Rosa

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

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

NAME OF PROVIDER/OPERATOR: Kania De la Rosa. LICENSE #: 57019 INSPECTION REPORT DATE: 2/1/22

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)*
# 51 Vacuna del gato.	El record de las Vacunas de Benji fue puesto en los papeles del Daycare.	2/14/22	✓
# 53 Formas de registro	The Enrollment form fue llenado por los papas y firmado y puesto en el folde de los papeles.	2/15/22	✓
# 54 Forma de evaluacion Fisica	Los records medicos fueron puestos al dia de los niños y Colocado en el folde de los papeles	2/4/22	✓
# 55 Record de vacunas	2 niños fueron Vacunado con la Vacuna del Flu, 1 una tiene una Cita para fin del mes y el otro el mes que viene	Vacunas del flu agosto hasta diciembre 2/15/22	1 ✓ 3 prueba que la reciviera *
# 56 # 57 permisos	emergency permissions fue llenado con la información y puesto en el lugar Correspondiente.	2/10/22	✓
# 58	El papel fue llenado y Colocado en el folde donde Corresponde.	2/10/22	✓
# 60 record de incidentes	Los accidentes records fue Colocado en el folde de los papeles de cada uno de los niños.	2/3/22	✓
# 66 horario de actividades por escrito	El Horario de las actividades y rutina fue Escrito como Corresponde.	2/4/22	✓

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#55 ~~[illegible]~~ No recibí a los niños que no tengan vacuna del flu entre de Dic. 31 de cada año.

Signed: ✗ [signature] KB 4/12/22 ✗ 2/16/22
(Provider/Operator) (Date)

Printed Name: ✗ Kania De la Rosa

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NAME OF PROVIDER/OPERATOR: Kenia De La Rosa LICENSE #: 57019 INSPECTION REPORT DATE: 2/1/22

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)
Plan de cuidado 69	El paper que el Doctor tiene que firmar para dar niños sera traido ~~todos~~ jueves feb 17 al Daycare por la Mama y colocado en el folde de los recos. El plan de cuidado se completo y fue recivido y firmado por la Mama y proveedora.	2/15/22	✓
# 104 medicina			
#104	Resivi el Medicamento pero tenia fecha de expiracion de Diciembre 2021 se le informo al padre que debe de traer uno con la etiqueta de la farmacia y la fecha al dia y se le informo a la Mama que el nino no podia regresar hasta que no tengamos los Medicamentos al dia. Completare la forma de registro de administracion de Medicamento al recivirlo.	4/12/22	✓

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Signed: X _____ (Provider/Operator) KD X 2/15/22 (Date) 4/12/22 Printed Name: X Kenia De La Rosa

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LICENSING CORRECTIVE ACTION PLAN *(TRANSLATION)*

NAME OF PROVIDER/OPERATOR: Kenia De La Rosa

LICENSE #: 57019

LOCATION ADDRESS: **71 Kensington St.**

TOWN: Wolcott

INSPECTION REPORT DATE: 2/1/22

INSPECTOR: Carmen Valenzuela

Inspection Report Item # or Regulation	**Corrective Action Taken**	**Exact Date Corrected**
#28 cords	The cords on the wall were covered for the protection of the children	2/2/22
#32 Emergency plan	The plan was completed with the emergency points and discussed with the parents	2/3/22
#33 Emergency drills	The emergency drill was done on 2/10/22 with the children going to the three in the neighbor area. The drill was registered and I will continue registering all the drills and will continue doing the drills and registering them once every 3 months	2/10/22
#44 Garbage can without lid	The garbage can was replaced with one with a lid	2/3/22
#50 incomplete first aid kit	The first aid kit was completed with the CPR mouth barrier and the tweezers	2/3/22
#51 cat's vaccine	The vaccine record for Benji was filed with the daycare papers.	2/14/22
#53 Registration forms	The enrollment form was completed by the parents, signed and filed with the papers	2/15/22
#54 Physical form	The medical records were updated and filed with children's papers	2/4/22
#55 Vaccine records	Two children were vaccinated with the flu vaccine; one has an appointment for the end of the month and the other one next month. I will not receive the children who do not have the flu vaccine before Dec. 31st of every year.	2/4/22

Translated by: Carmen Valenzuela

Translated on (Date): _4/13/22_____

LICENSING CORRECTIVE ACTION PLAN *(TRANSLATION)*

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#56 #57	The emergency permissions were completed with the information and placed on their corresponding place. The emergency permissions were completed with the information and placed on their appropriate place.	2/10/22
#58	The form was completed and filed where it should be	2/10/22
#60 Incident records	The incident record was placed in the folder with the papers for each of the children	2/3/22
#66 Written schedule	The schedule for the activities and routines was written the appropriate way	2/4/22
#69 Care plan	The paper that the doctor has to sign will be brought by mom to the daycare on Thursday February 17 and will be placed on the folder with the records. The care plan was completed and revised and signed by mom and the provider	2/15/22
#104	I checked the medicine but the expiration date was from December 2021. I informed the parent that she needs to bring one with the label from the pharmacy and a current date and informed the mom that the child cannot return until we get the medication that is current. I will complete the Medication administration record form when I receive it	4/12/22

Translated by: Carmen Valenzuela

Translated on (Date): 4/13/22