

LICENSING CORRECTIVE ACTION PLAN (TRANSLATION)

NAME OF PROVIDER/OPERATOR: FLORANGEL GERMOSO PENA	LICENSE #: 57048
LOCATION ADDRESS: 168 LAUREL DR	TOWN: NEW LONDON
INSPECTION REPORT DATE: 4/13/2022	INSPECTOR: Eileen Ruiz

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected
54	THE MOTHER OF THE CHILD BROUGHT ME THEIR PHYSICAL RECORD.	4/13/22

Translated by: EILEEN RUIZ

Translated on (Date): 4/19/22

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Florangel Geramos

LICENSE #: 57048

INSPECTION REPORT DATE: DATE

LOCATION ADDRESS: 168 Laurel St New-London

TOWN: New-London

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)
	<u>Se made del nuevo contrato de trabajo.</u>	<u>04/13/22</u>	✓

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: DATE

RETURN TO: Eileen Ruiz
Connecticut Office of Early

Childhood
Signed: Florangel Geramos 04/13/22
(Provider/Operator) (Date)

450 Columbus Blvd, Suite 302
Hartford, CT 06103 Fax:

860-326-0552

Printed Name: Florangel Geramos