

LICENSING CORRECTIVE ACTION PLAN (TRANSLATION)

NAME OF PROVIDER/OPERATOR: Dominga Blanco Balbuena	LICENSE #: 57314
LOCATION ADDRESS: 47 Federal Street Apt H6	TOWN: New London
INSPECTION REPORT DATE: 10/14/22	INSPECTOR: EILEEN RUIZ

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected
13	I have updated my test and TB is negative	10/18/22
35	I bought and installed it upstairs and downstairs	10/23/22
36	I changed the 3lb for a 5lb and installed it.	10/23/22

Translated by: Eileen Ruiz

Translated on (Date): 11/30/22

LICENSING CORRECTIVE ACTION PLAN (CAP)

Page 1 of 1

NAME OF PROVIDER/OPERATOR: Dominga Blanco Balbuena LICENSE #: 57314
 LOCATION ADDRESS: 47 Federal St Apt H4 TOWN: New London INSPECTION REPORT DATE: 10/14/22
 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)
#13 Fisico	me Realize la prueba tuberculin 10-18-22 negativa	10/18/22	✓
#35 monoxido carbono	la compro la instale una arriba y abajo	10-23-22	✓
#36 extintor	Cambie el sifón por el de 5 lo fuse	10-23-22	✓

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.

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

CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY: 10/28/22 (Date)

Signed: D Blanco (Provider/Operator)

10-24-22 (Date)

RETURN TO: Eileen Ruiz
860 996 0234
eileen.ruiz@ct.gov

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

Printed Name: Dominga Blanco
 Please see the reverse side for guidance in completing this CAP, sample CAPs and instructions for Resolving Disputed Violations