

LICENSING CORRECTIVE ACTION PLAN (TRANSLATION)

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|---|-------------------------------|
| 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 |
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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
 LOCATION ADDRESS: 47 Federal St Apt H6 TOWN: New London

LICENSE #: 57314
 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 | Exact Date Corrected | Check if Accepted (OEC Use Only) |
|--|--|-------------------------|---|
| #13 Fisico | me Realize la prueba negativa | | |
| #35 monoxido carbono | la compre la instale una arriba y abajo | 10-18-22 | ✓ |
| #36 extintor | cambie el 3libro por el de 5 lb rose | 10-23-22 | ✓ |
| | | 10-23-22 | ✓ |
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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: [Signature] 10-24-22
 (Provider/Operator) (Date)

Printed Name: Dominga Blanco

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

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