

LICENSING CORRECTIVE ACTION PLAN (TRANSLATION)

NAME OF PROVIDER/OPERATOR: Awilda Lopez de Perez

LICENSE #: 57435

LOCATION ADDRESS: **108 Mill ridge Rd**

TOWN: Danbury

INSPECTION REPORT DATE: 5/31/23

INSPECTOR: Janarish Lopez

| Inspection Report Item # or Regulation | Corrective Action Taken | Exact Date Corrected |
|---|---|-----------------------------|
| 13 | I have my physical | 6/6/23 |
| 54+55 | I have the physical and vaccines (of the child-ji) | 6/13/23 |
| 24 | I removed the mediations and the Lysol I understand that I cannot not leave them accessible | 6/26/23 |
| 100 | The child does not need medication in the daycare | |
| 102 | I removed the medication from the area of care | |
| 56 | I know have the permission from the mother in the form | 6/26/23 |
| 78 | I have the mat to change the children | 5/30/23 |
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Translated by: Janarish Lopez

Translated on (Date): 7/13/23

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Awilda Lopez de Perez LICENSE #: 57435

LOCATION ADDRESS: 108 Mill Ridge Rd. TOWN: Danbury INSPECTION REPORT DATE: 5/31/23

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 Tu Físico | Yo he solicitado el físico | 6/6/2023 | ✓ |
| 21 BCis | | | |
| 54+55 físico + vacunas | Yo tengo el papel de la vacuna físico | 6/13/2023 | ✓ |
| 24 Medicamentos | Yo ARMAR los medicamentos y los LLEVAR y entiendo que no debo dejarlo cerrado | 6/26/2023 | ✓ |
| 100 Permiso del doctor | El Niño no necesita medicamentos Niños en el Cuido | | |

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: 6/14/23
(Date)

Signed: Awilda Lopez de Perez 6/26/2023
(Provider/Operator) (Date)

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

Printed Name: _____

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

NAME OF PROVIDER/OPERATOR: ^{LOPEZ} Awilda de Perez

LICENSE #: 57435 INSPECTION REPORT DATE: 5/3/23

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|--|--|-------------------------|---|
| 102 donde esta la medicina | lla ne mobi el medicamento del area del cuido | | / |
| 56. Permiso en el paquete | lla xo tengo el pe Alisa de la mama en el paquete | | / |
| 78 Cambio panel infante | xo lla tengo matne para cambiar los mios xo cambie los pastilla de luzah | 6/26/2023 5/30/2023 | / |
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Signed: Awilda Lopez de Perez 6/24/2023
(Provider/Operator) (Date)

Printed Name: Awilda Lopez de Perez

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