

LICENSING CORRECTIVE ACTION PLAN (TRANSLATION)

NAME OF PROVIDER/OPERATOR: FlorAngel Germoso

LICENSE #: 57048

LOCATION ADDRESS: 168 Laurel Drive

TOWN: New London

INSPECTION REPORT DATE: 5/30/24

LICENSING SPECIALIST: Evelyn Vicente-Quiñones

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected
21	My husband did his fingerprints in Rocky Hill on 21 st of June	6/21/24

Translated by: Evelyn Vicente-Quiñones



Translated on (Date): 7/5/24

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Flora Angel Gerasimo Peña LICENSE #: 57048
 LOCATION ADDRESS: 168 Laurel Drive TOWN: New London INSPECTION REPORT DATE: 5/30/24

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)
21	Ha M: esposo se toma la Huella digital el día 21 de Junio en la casa 55 Rocky Hill.	06/21/24	✓

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.

If the violations of child care regulations referenced in the Report(s) related to this Corrective Action Plan reoccur in the future, the violations may no longer be considered resolved by this Corrective Action Plan and the Agency may bring disciplinary action based upon the violations identified in the Report(s) related to this Corrective Action Plan.

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

CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY: _____

Signed: [Signature] (Date) 06/24/24
 (Provider/Operator) (Date)

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

Printed Name: Flora Angel Gerasimo

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