

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Damaris Martinez LICENSE #: 54601
 LOCATION ADDRESS: 17 Lombard St TOWN: New Haven CT 06513 INSPECTION REPORT DATE: 10-23-2024
 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)
14+15	First Aid completed. " CPR	10-24-24	✓
23	cleared away air conditioner placed in the closet out of hands way and safe now	10-23-24	✓
28	electrical cords got taken out of hands way now safe in closet, now safe	10-23-24	✓
39	wooden fence secured and nails got fixed and now safe	11-15-24	✓

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.

By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: Damaris Martinez 11-15-2024 (Date)
 (Provider/Operator)

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

DEC 06 2024

NAME OF PROVIDER/OPERATOR: Doreen's Machinez LICENSE #: SH601 INSPECTION REPORT DATE: Dec 26, 2024

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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)
#54.	Parent provided head health records on Dec 19 2024. Office made a mis take and printed last years forms by mistake from our Haven Clinic ETC.	Dec 26 2024	✓

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.

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By checking this box, and typing my name below, I am electronically signing my CAP.
 Signed: Doreen's Machinez (Provider/Operator)

Dec 26, 2024 (Date)

Printed Name: Doreen's Machinez