

LICENSING CORRECTIVE ACTION PLAN (TRANSLATION)

NAME OF PROVIDER/OPERATOR: Rosa Contreras

LICENSE #: 57814

LOCATION ADDRESS: 23 Fern st.

TOWN: Waterbury

INSPECTION REPORT DATE: 5/13/25

INSPECTOR: Janarish Lopez

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected
50	I bought a new 1st aid kit thats needed for emergencies	6-14-25
53	the parents filled out the enrollment for child that was not filled out correctly	6-15-25
62	the mother went to the doctor and the doctor wrote a note stating the child doesn't require medication because the child only has normal seasonal allergies.	6-19-25

Translated by: Janarish Lopez

Translated on (Date): 5/29/25_

LICENSING CORRECTIVE ACTION PLAN (CAP)NAME OF PROVIDER/OPERATOR: Rosa Y Contreras LICENSE #: DCEH-57814LOCATION ADDRESS: 23 Fern St TOWN: Waterbury Ct INSPECTION REPORT DATE: 05-13-2025

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)
	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.		
50 First Aid Supplies	he comprado un nuevo kit de primeras auxilio, que tiene todo lo que corresponde y se necesita para las emergencias.	6-14-25	✓
53 Enrollment	he arreglado el formulario de inscripcion de el niño que no estaba bien y lo hicimos de nuevo con sus padres	6-15-25	✓
62 Wellness/Child Med	La madre de la niña fue a su doctor y el doctor puso una nota que dice que la niña no necesita medicación, porque sus alergias solo son de las temporadas normales.	6-19-25	✓

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: Rosa Contreras 6-20-25
(Provider/Operator) (Date)

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