

LICENSING CORRECTIVE ACTION PLAN (TRANSLATION)

NAME OF PROVIDER/OPERATOR: Yolanda Amancio

LICENSE #: 52593

LOCATION ADDRESS: 82 Griggs st.

TOWN: waterbury

INSPECTION REPORT DATE: 9-22-25

INSPECTOR: Janarish Lopez

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected
17	the person is longer living in the home	
21	I have access to my fingerprint roster account and that person is not living in the house	
33	I practiced and logged the emergency drills	
53	the mother filled out the enrollment forms for the child	
54	I have the physical for the child that needed it	
58	the mother completed the transportation permission to and from school.	

Translated by: Janarish Lopez

Translated on (Date): 11-20-25

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Yolanda Amancio LICENSE #: 52593
 LOCATION ADDRESS: 82 Griggs st. TOWN: waterbury INSPECTION REPORT DATE: 9-22-25

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)
17- fisico de miembro del hogar	La persona no esta viviendo en el hogar		✓
21- huellas al dia miembro y acceso	Tengo acceso a mi cuenta y lista de las huellas y la persona no esta viviendo en el hogar		✓
33- simulacros escritos	Practique y escribi los simulacros de Emergencias		✓
53- paquete de inscripcion	La madre lleno el paquete de inscripcion para el niño		✓

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: Yolanda Amancio _____
 (Provider/Operator) (Date)

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

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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- fisico de 1 nino	e ya tengo el fisico del niño que le faltaba		✓
58- transporte escolar	La mañana llevo el permiso de transporte para la escuela ida y vuelta		✓

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

Signed: Yolanda Amancio 11/20/25
(Provider/Operator) (Date)

Printed Name: Yolanda Amancio