

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Isaura Raymundo LICENSE #: 57751
 LOCATION ADDRESS: 114 Russell St. TOWN: Waterbury INSPECTION REPORT DATE: 4-7-26

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)
11	In future construction or renovation I will let the OEC know before I start the project.	4-7-26	✓
23	I will have all drawer lock and be free of any hazard and no more candle will be light up any more.	4-7-26	✓
24	I will place all cleaning and disinfectant or odor eliminated at OF the reach OF the kids	4-7-26	✓
28	I replaced safety outlets during inspection and they will be place in futures times.	4-7-26	✓

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: [Signature] _____
 (Provider/Operator) (Date)

Due: 4/21/26
 RETURN TO: Amanda Hammons
 Connecticut Office of Early Childhood
 450 Columbus Blvd, Suite 302
 Hartford, CT 06103 Fax: 860-326-0552

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33	I did a fire drill to practice in case of any emergency the kid react perfect to the situation and the place on the safety area. 4-9-26.	4-9-26	✓
46	+ low the temperature water Below 120	4-8-26	✓
54 +	I all ready have all the physical in order now provide all the paper work	4-23-26	✓
55	kids have all the physical and immunization.	4-22-26	✓
56	everything is been fill up and we the family and I agree to a emergency place.	4-8-26	✓
68	kids will be place in the right place to sleep eat and no exception.	4-7-26	✓

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

Signed:

Isaura Raymundo (Date)

Printed Name:

Isaura Raymundo

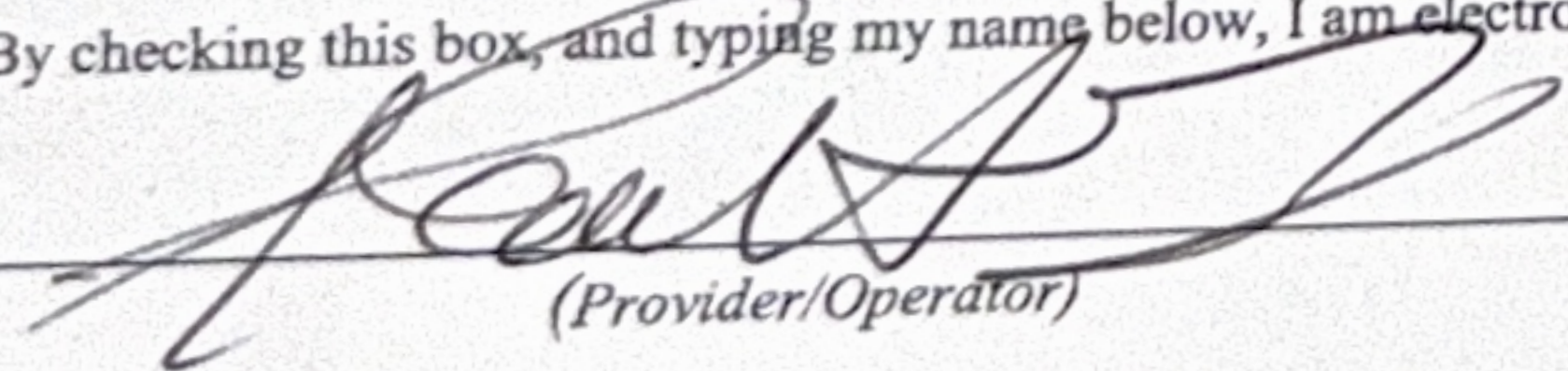
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74	Be all jewelry was remove from all children with it and parents have been notified.	4-7-26	✓
78	Provider and kids will be easer to wash hands after diaper change	4-7-26	✓

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Signed:  (Date) _____

Printed Name: Isaura Raymundo