

LICENSING CORRECTIVE ACTION PLAN (CAP)NAME OF PROVIDER/OPERATOR: Amalis López Rumaldo LICENSE #: DCFH.58105LOCATION ADDRESS: 61 Wacona Ave TOWN: Waterbury, CT INSPECTION REPORT DATE: 05-05-26CAPs 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.		
34.9(d) (6)	New batteries installed in smoke detectors on the main level of home and are now in working order.	05-5-26	✓
35.9(d) (7)	New batteries installed in smoke detectors on the main level of home and are now in working order.	05-5-26	✓
54.10(b) (2)	All the children's records have been reviewed and the records are all updated.	05-13-26	✓
55.10(b) (2)(v)/(I)	All the children's records have been reviewed and the records are all updated.	05-13-26	✓

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: Amalis López Rumaldo 05-15-26
(Provider/Operator) (Date)

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

NAME OF PROVIDER/OPERATOR: Armalis López Rumaldo LICENSE #: 58105 INSPECTION REPORT DATE: 05/5/26

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)
56.10(b) (3)(B)	All the children's records have been reviewed and the records are all updates.	05-13-26	✓
58.10(b) (s)(c)(d)(f)	All the children's records have been reviewed and the records are all updates.	05-6-26	✓
73.10(F)(1)	Babies aren't putting to sleep or allowing to remain asleep in an infant carrier, swing or any place that is not specifically designed to be an infant bed	05-5-26	✓

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.

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

Signed:

Armalis López Rumaldo
(Provider/Operator)

05-15-26
(Date)

Printed Name:

Armalis López Rumaldo