

LICENSING CORRECTIVE ACTION PLAN (TRANSLATION)

NAME OF PROVIDER/OPERATOR: Anmerly Espinal

LICENSE #: 58190

LOCATION ADDRESS: **113 Hayestown Rd**

TOWN: Danbury

INSPECTION REPORT DATE: 4- 27-26

INSPECTOR: Janarish Lopez

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected
11	I understand that if theres a change that affects the daycare I have to notify the OEC within 5 days	4-28-26
34	I bought new batteries for the smoke detector and it is functioning	4-28-26
35	I bought batteries for the carbon monoxide detector and it is functioning	4-28-26
53	I have the enrollment form completed for the child that needed it	4-28-26
60	Every child has their incident logs	4-28-26
62	The mother brough the medication to have it incase of an emergency	5-18-26
94	I printed the policy and gave it to the mother	5-26-26
99	I took the course to administer medication rectally and have the certificate	4-27-26
100	I have the written permission to administer medication from the mother and doctor	5-18-26

Translated by: Janarish Lopez

Translated on (Date):6/11/26

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Anmerly Espinal LICENSE #: DCFH-58190

LOCATION ADDRESS: 113 Hayestown Rd TOWN: Danbury INSPECTION REPORT DATE: 4-27-26

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)
11.5 notification of chance	Yo entiendo que si hay un cambio que afecte el cuidado yo tengo que notificarle al OEC entre 5 dias	4-28-26	✓
34.9 Smoke detectors	Compre una nueva bateria para mi detector de humo y ya esta funcionando	4-28-26	✓
35.9 Carbon monoxide detector	Cambie la bateria de monoxido de carbono y esta funcionando	4-28-26	✓
53.10 Enrollment record	Ya tengo el formulario de inscripcion completo que necesitaba para el niño	4-28-26	✓

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: Anmerly Espinal
(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: Anmerly Espinal

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LICENSE #: DCF#58199 INSPECTION REPORT DATE: 4-27-26

Inspection Report Item # or Regulation	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance. Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
60.10 Incident	Ya cada niño tiene el formulario de incidente que me hacia falta.	4-28-26	✓
62.10 meeting the child needs	la madre me trajo la medicina para yo tenerla en caso de emergencia.	5-18-26	✓
94.17 Policies and Procedures for admin. of needs	Ya imprimi la poliza y le di a la madre	5-26-26	✓
99.	Tome el curso para administrar medicamento por la via rector y ya tengo mi diploma	4-27-26	✓
100 written auth Prescriber Parent Permission	Ya tengo el permiso para administrar el medicamento de la madre y del doctor	5-18-26	✓

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: Anmerly Espinal (Date)

Printed Name: Anmerly Espinal