

TRAINING SOLUTIONS

Written Approval for Administration of Medication Training for Child Care

Maria Yepez

25 Academy Avenue Watterbury, CT 06705

263res516ri6834

Phone Number of Participant

| ~ | |
|--|--|
| ů, | is. |
| .9a-79-9a(b)(1)(B) and (D) and/or Section 19a-87b-17(b)(1)(B) and Section 19a-87b-17(b)(1)(C) below | This participant has successfully mastered and demonstrated the required training(s) in accordance v |
| Y |) m |
| 10 | <u></u> |
| 11.0 | Ω, |
| 0 | . 23 |
| j-mi | - |
| - Andrews | |
| 0 | 0 |
| D | LA |
| 3 | C |
| Separate Sep | 8 |
| O | 0 |
| D | Š |
| 2 | Ξ, |
| and a | TOTAL STATE OF THE PARTY OF THE |
| 2 | = |
| in | 0 |
| D | S |
| - | 0 |
| 0 | 0 |
| _ | Ω |
| 10 | σ. |
| a | ā |
| ထ် | 0 |
| 1 | 0 |
| 9 | 퓢 |
| 1 | 3 |
| | S |
| 0 | D.A |
| Fred | Sample. |
| - | G. |
| 0 | - |
| S) | 8 |
| 2 | 135 |
| (/3 | 9 |
| Ŏ, | T. |
| 2 | =, |
| 0 | 9 |
| 2005 | - |
| - | 0. |
| 0 | - |
| m | <u> </u> |
| 3 | 00 |
| Ċ. | S |
| Joseph | - |
| 7 | C. 1 |
| 0 | Ö |
| 1 | 8 |
| - | 200 |
| 0 | 0 |
| 0 | 7 |
| ā | 0 |
| 0 | 5 |
| > | = |
| | 5 |
| | 5 |
| | 8 |
| | ith Section |
| | 2 |
| | nucf |
| | |

Oral, Topical, Inhalant Medication - valid for three (3) years.

Expiration:

8/4/2022

Training Provider

Provider Signatur E55913

License: CT RN#

Address: 121 Roberts Street, East Hartford, CT 06108 Phone: (860) 786-1789

121 Roberts St.

East

Hartford,

Address of Course 8/4/2021

Date of Training