

# Connecticut Office of Early Childhood

## Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

### FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL    UNANNOUNCED ~~FULL~~ PARTIAL    FOLLOW UP    LOCATION CHANGE    OTHER

<b>Provider:</b> Almancia A Cuevas	License Number: 55637	Date of Inspection: 2/24/23
<b>Address:</b> 11 Lincoln CT	Expiration Date: 3/31/27	Time of Inspection: 9:15a
	Capacity: 6/3	Days/Hours: M-F 530a-1230a
<b>Town:</b> New London	Telephone: 8604370176	Summer: <input checked="" type="checkbox"/> Open / <input type="checkbox"/> Closed
<b>State/Zip Code:</b> CT 06320	Email: almancia163@gmail.com	

Instructions: ✓ = Compliance/No violation found   O = Non-compliance/Violation found   N/A = Not applicable at this time

*Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).*

*Almancia Cuevas*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

#### Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 6
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 3
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

#### Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 1/30/26
- 14. First Aid Certificate-Exp. Date 8
- 15. CPR Certificate-Exp. Date 8
- 16. Judgment

#### Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

#### Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N) 90502
- 20. Emergency Caregiver

#### Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

#### Physical Environment 19a-87b-9

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type:        Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient  
Indoor        Outdoor
- 40. Body of Water (Y/N) Type:        Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public/Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N) Type:        Rabies Certificate(s)
- 52. Smoking Prohibited

#### Responsibilities of Provider 19a-87b-10

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

**APPLICANTS- PLEASE NOTE:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) <i>Eileen Ruiz</i>	Date Corrections Due By: 3-10-23	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Almancia Cuevas</i>
(Printed Name) Eileen Ruiz		(Printed Name) ALMANCIA CUEVAS

**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

Provider: <u>Almancia A. Cuevas</u>	License Number: <u>55637</u>	Date of Inspection: <u>2/24/23</u>
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**Responsibilities of Provider 19a-87b-10 (continued)**

- 67. Personal Articles: Blanket/Towel/Toilet Articles
- 68. Proper Rest Provisions/Safe Cribs
- 69. Individual Plan for Care (Written if Applicable)
- 70. Cultural Differences/Special Needs/Dev. Appr. Activities
- 71. Infant Care- Individual Attention/Held for Bottle Feedings
- 72. Infants Placed on Back for Sleeping
- 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
- 74. Crib or other Provision Free from Observable Hazards
- 75. Infants not Swaddled
- 76. Infants Supervised- observed minimum every 15 minutes
- 77. Req. for Sleep Arrangements Posted/Discussed
- 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
- 79. Parent Information and Access
- 80. Developmental Milestones-Posted
- 81. Supervision-At all Times- Indoors/Outdoors
- 82. Personal Schedule-Alert/Competent Attention
- 83. Full Attention-Distractions/Employment/Socialization
- 84. Immediate Attention
- 85. Substitute/Emergency Caregiver Present
- 86. Appropriate Discipline/Behavior Management
- 87. Discuss Behavior Management Methods w/Staff/Parents
- 88. Child Protection: Abuse/Neglect
- 89. Notify OEC within 24 hrs.: Death/Serious Injury
- 90. Mandated Reporting of Abuse/Neglect to DCF

**Sick Child Care 19a-87b-11**

- 91. Sick Child Care

**Night Care 19a-87b-12** Yes (10pm to 5am)

- 92. Separate Bed/Location of Bed/Appropriate Sleepwear

**Office Access, Inspections and Investigations 19a-87b-13**

- 93. Access- Immediate/Entire or Part of Facility/Records

**Administration of Medications 19a-87b-17**

- 94. Policies and Procedures for Admin of Meds
- 95. Parent Permission for Nonprescription Topical Meds
- 96. Notification and Documentation of Medication Error(s)
- 97. Nonprescription Topical Meds – Stored/Labeled
- 98. Unused/Expired Nonprescription Meds
- 99. Documented Medication Trained Staff
- 100. Written Authorized Prescriber/Parent Permission
- 101. MAR Maintained
- 102. Prescription Meds – Stored/Labeled
- 103. Unused/Expired Prescription Meds
- 104. Emergency Meds – Equip Labeled/Current
- 105. Self-Administration of Meds
- 106. Petition for Special Medication Authorization
- 108. Policies for Finger Stick Blood Glucose Testing
- 109. Finger Stick Blood Glucose Testing – Staff Trained
- 110. Self Admin of Finger Stick Blood Glucose Testing
- 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
- 112. Finger Stick Blood Glucose Testing Records
- 113. Parent Notification of Test Results

**Additional Violations**

- 114. Consent Order/Negotiated Corrective Action Plan


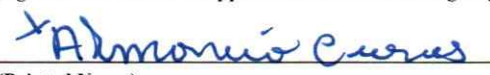
**Discussions/Comments:**

• Household member / staff is due for background check. Appointment was 2/7/23. Must call legal to see status updates 860-500-4466 or email [oeccbc@ct.gov](mailto:oeccbc@ct.gov).

• Electrical outlets must be plugged/covered after use. upstairs playroom had 2 uncovered. All children were downstairs.

• When more than ~~one~~ <sup>two</sup> children under 18 months old are present, staff must be present, awake, ready to assist.

**APPLICANTS- PLEASE NOTE:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) 	Date Corrections Due By: <u>3-10-23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>Eileen Ruiz</u>		(Printed Name) <u>ALMANCIA CUEVAS</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Almancia A Cuevas License # 55037 Date: 2/24/23

Observations/Corrections needed:

- #6 Upon arrival provider was alone with 3 children under 18 months. Provider reported to specialist that staff/household member was still sleeping upstairs
- #14 First aid certificate is missing in files.
- #15 CPR certificate is missing in files
- #21 Background check for household member is in process
- #31 upon arrival stairway that leads to second floor was not placed correctly to block access to stairs.
- #33 Emergency drills not documented
- #35 Carbon monoxide did not sound alarm in basement
- #36 Fire extinguisher is not mounted. Sits on counter
- #46 Water temperature measured 133°F


S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature:   
Print Name: Eileen Ruiz  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3-10-23

Signature:   
Print Name: ALMANCIA CUEVAS  
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Almancia Cuevas License # 55637 Date: 2/24/23

Observations/Corrections needed:

#73 Observed pack and play where infant sleeps with loose fitted mattress not attached with velcro straps.

Discussions continued:

- A visitor is staying in the home, according to provider's statements. Female, age 13. The child is moving to another state once paper work is completed. If child stays permanent, need notice.
- Reviewed pack and play mattress must fit snug and utilize velcro straps as instructed by manufacturer's instructions.
- Even if a child (grandchild) is a drop in bases, must have all paperwork.


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Signature:   
(OEC Representative)  
Print Name: Eileen Ruiz

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3-10-23

Signature:   
(Person in Charge)  
Print Name: ALMANCIA CUEVAS