



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ANYOLINE CABRERA		License Number	DCFH.56451	Date of Inspection	02/01/2024
			Expiration Date	4/30/2026	Time of Inspection	09:21 AM
Address	43 W HIGH ST NEW LONDON CT 06320-3518		Telephone	(860) 389-7420	Regular Capacity	6
			Days and Hours	MONDAY TO FRIDAY 6:30AM TO 4:30PM	School Age Capacity	3
# Children Present	1	# Under 18 months present	1	Summer Care	Open	
Purpose of Inspection	Follow up visit to 8/7/23 due to incomplete CAP		Name of Inspector	Evelyn Vicente-Quinones		
Provider's Email	cabreraanyoline@yahoo.com		Inspector's Email	evelyn.vicente-quinones@ct.gov		

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).

Anyline Cabrera

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[19a-87b-9(m) and/or 19a-87b-9(n)]	050-First Aid Supplies	Failed to maintain a complete first aid kit; observed kit missing CPR mouth barrier

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Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-6(a)]	012-Awareness of/Understanding of Regulations	Providers mother read and understand regulations
[19a-87b-6(b)]	013-Medical Statement	Observed documentation of medical statement completed on 7/10/23
[19a-87b-6(c)]	014-First Aid Certificate	Observed First Aid certificate completed on 11/8/22

[19a-87b-6(c)]	015-CPR Certificate	Observed CPR certificate completed on 11/8/22
[19a-87b-7(a)]	017-Medical Statement	Observed medical statement for providers mother/substitute completed 7/10/23
[19a-87b-8a]	021-Background Check	




YES/NO: Yes **WERE VIOLATIONS CITED DURING THIS VISIT?**

Discussions:

~ Provider recently enrolled infant under 12 months discussed sleep arrangements regulations

Comments:

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY: 02/15/2024	 (Signature of Person in Charge)
Evelyn Vicente-Quinones (Printed Name)	 (Printed Name)		ANYOLINE CABRERA (Printed Name)