




Connecticut Office of
Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	RUBEN MALLMA				License Number	DCFH.53883	Date of Inspection	07/09/2024
					Expiration Date	8/31/2025	Time of Inspection	08:45 AM
Address	32 ALTON STREET, 2ND FLOOR LEFT SIDE NEW HAVEN CT 06513-3022				Telephone	(203) 675-9055	Regular Capacity	6
					Days and Hours	MON - FRI 7 AM - 5 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	0	# of Total Children Present	1	Inspector's Name	Linda Johnson Moylan		
Provider's Email	mallmaruben1@gmail.com				Inspector's Email	linda.moylan@ct.gov		
Key: Compliant = X Non-Compliant = O	<i>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).</i>  Signature of Provider/Substitute/Applicant							

TERMS OF REGISTRATION 19a-87b-5

X	4. Capacity	
X	5. Non-transferability of license	Pending?
X	6. Infant/Toddler Restriction	
X	7. License Posted	
X	8. Parent Access to OEC Phone Number	
X	9. Photo ID	
X	10. Requests for Information	
X	11. Notification of Change	

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	02/14/2026
O	14. First Aid Certificate	Failed to maintain valid certificate
	Expiration date:	09/11/2023

<input type="radio"/>	15. CPR Certificate Expiration date: 09/11/2023	Failed to maintain current certificate	
<input checked="" type="checkbox"/>	16. Judgment		
MEMBERS OF THE HOUSEHOLD 19a-87b-7			
<input checked="" type="checkbox"/>	17. Medical Statement		
<input checked="" type="checkbox"/>	18. Household Environment		
QUALIFICATIONS OF STAFF 19a-87b-8			
<input checked="" type="checkbox"/>	19. Substitute or Assistant Type of Staff :	Y/N N	
<input checked="" type="checkbox"/>	20. Emergency Caregiver		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
<input checked="" type="checkbox"/>	21. Background Check(s)		
PHYSICAL ENVIRONMENT 19a-87b-9			
<input checked="" type="checkbox"/>	22. Clean/Sanitary Environment		
<input checked="" type="checkbox"/>	23. Freedom of Hazards		
<input checked="" type="checkbox"/>	24. Harmful Substances/Materials Inaccessible		
<input checked="" type="checkbox"/>	25. Bio-contaminants Disposed Safely		
<input checked="" type="checkbox"/>	26. Safe Storage of Flammables		
<input checked="" type="checkbox"/>	27. Safe Door Fasteners		
<input checked="" type="checkbox"/>	28. Electrical Safety		
<input checked="" type="checkbox"/>	29. Safe Exits		
<input checked="" type="checkbox"/>	30. Basement Supervision Used for Care ?	Y/N N Y/N	
<input checked="" type="checkbox"/>	31. Stairways - Protected, Handrails		
<input checked="" type="checkbox"/>	32. Emergency Plan		

O	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the practices drills	
X	34. Smoke Detectors		
X	35. Carbon Monoxide Detector		
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
X	37. Auxiliary Heating System N Type?	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient		
	Indoors		
	Outdoors		
X	40. Body of Water-Type:	Y/N	
	Barrier?	N	
X	41. Hot Tubs-Locked - Inaccessible	Y/N	
		N	
X	42. Ventilation, Light and Temperature- 65°		
X	43. Window Safety		
X	44. Washing Toileting, Sewage Garbage Facilities		
X	45. Adequate and Safe Water - Type of System:		
	Public Water		
X	46. Water Temperature- 60°-120°		
X	47. Pasteurization of Milk Supply		
X	48. Working Phone, Emergency Numbers Posted		
X	49. Safe Transportation Registered, Insured, Restraints		
	50. First Aid supplies		
X	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?		
X	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
X	53. Enrollment Form		

X	54. Child Health Record	
X	55. Immunizations	
X	56. Emergency Permission	
O	57. Authorized Release	Failed to maintain written parent permission to authorize removal of child(ren) by someone other than parents.
X	58. Field Trip and Transportation Permission-To/From School	
X	59. Swimming Permission	
X	60. Incident Log	
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
X	69. Individual Plan for Care (Written if Applicable)	
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing-Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision-at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	
SICK CHILD CARE 19a-87b-11		
X	91. Sick Child Care	
IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am)		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X 93. Access-
Immediate, Entire
or Part of Facility
and Records

Are Medications Administered? **Y**

ADMINISTRATION OF MEDICATIONS 19a-87b-17

X 94. Policies and
Procedures for
Admin of Meds

X 95. Parent
Permission for
Nonprescription
Topical Meds

X 96. Notification -
Documentation of
Med Error(s)

X 97.
Nonprescription
Topical Meds-
Stored/Labeled

X 98. Unused -
Expired
Nonprescription
Meds

X 99. Documented
Medication
Trained Staff

X 100. Written Auth
Prescriber/Parent
Permission

101. MAR
Maintained

X 102. Prescription
Meds -
Stored/Labeled

X 103.
Unused/Expired
Prescription Meds

X 104. Emergency
Meds- Equip.
Labeled/Current

X 105. Self-Admin.
Of Meds

X 106. Petition for
Special Medication
Authorization

Child with diabetes enrolled? **N**

MONITORING OF DIABETES 19a-87b-18

X 108. Policies for
Finger Stick Blood
Glucose Testing

X 109. Finger Stick
Blood Glucose
Testing - Staff
Trained

X 110. Self Admin of
Finger Stick Blood
Glucose Testing

X 111. Testing
Equip. & Supplies-
Maintain, Labeled,
Locked, Disposed

X 112. Finger Stick
Blood Glucose
Testing Records

X	113. Parent Notification of Test Results	
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ADDITIONAL VIOLATIONS

X	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
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<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Plastic fencing on deck needs to be removed if used for mobile children.

NOTE: Any 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- 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)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY: 07/23/2024	 (Signature of Provider/Applicant/Substitute)
Linda Johnson Moylan (Printed Name)	(Printed Name)	07/23/2024	RUBEN MALLMA (Printed Name)