



## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	<b>ALMANCIA A CUEVAS</b>				<b>License Number</b>	<b>DCFH.55637</b>	<b>Date of Inspection</b>	<b>02/28/2025</b>
					<b>Expiration Date</b>	<b>3/31/2027</b>	<b>Time of Inspection</b>	<b>08:39 AM</b>
<b>Address</b>	<b>481 WILLIAMS ST NEW LONDON CT 06320-5855</b>				<b>Telephone</b>	<b>(860) 437-0176</b>	<b>Regular Capacity</b>	<b>6</b>
					<b>Hours of Operation</b>	<b>7:00 AM 6:00 PM</b>	<b>School Age Capacity</b>	<b>3</b>
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>	<b>Days of Operation</b>	<b>Mon-Fri</b>	<b>Summer Hours</b>	<b>Open</b>
<b>New Address</b>					<b># Under 18 mths present</b>	<b>1</b>	<b>Weekend Hours</b>	<b>No</b>
					<b>Total children present</b>	<b>4</b>	<b>Night Hours</b>	<b>No</b>
<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>				<b>Inspector's Name</b>	<b>Silvana Carreon Zegarra</b>		
<b>Provider's Email</b>	<b>almancia63@gmail.com</b>				<b>Inspector's Email</b>	<b>silvana.carreon-zegarra@ct.gov</b>		
<b>Key:</b> Compliant = X Non-Compliant = O		<b>Consent to Inspect:</b> 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). <del>_____</del>						
<i>Signature of Provider/Substitute/Applicant</i>								

### TERMS OF REGISTRATION 19a-87b-5

<b>X</b>	4. Capacity							
<b>X</b>	5. Non-transferability of license	Pending?						
<b>X</b>	6. Infant/Toddler Restriction							
<b>X</b>	7. License Posted							
<b>X</b>	8. Parent Access to OEC Phone Number							
<b>X</b>	9. Photo ID							
<b>X</b>	10. Requests for Information							
<b>O</b>	11. Notification of Change	Failed to notify the Office of the addition of any household member. The notification was completed during inspection.						

### QUALIFICATION OF PROVIDER 19a-87b-6

<b>X</b>	12. Awareness of, Understanding of Regulations							
<b>X</b>	13. Medical statement							
	Expiration date:	01/30/2026						
<b>X</b>	14. First Aid Certificate							
	Expiration date:	03/12/2025						

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	03/12/2025	
<b>X</b>	16. Judgment	

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

<b>X</b>	17. Medical Statement	
<b>X</b>	18. Household Environment	

**QUALIFICATIONS OF STAFF 19a-87b-8**

<b>X</b>	19. Sub/Assistant	Y/N	Name: <b>PEDRO CUEVAS</b>	Appvl # <b>90502</b>
	Type of Staff :	Y		
	Substitute			
<b>X</b>	20. Emergency Caregiver			

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

<input type="radio"/>	21. Background Check(s)	Failed to maintain evidence of compliance with background checks when the provider does not have access to her BCIS and her roster does not show the household member/substitute.
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	22. Clean/Sanitary Environment		
<b>X</b>	23. Freedom of Hazards		
<input type="radio"/>	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children when Lysol spray was observed over the children's bathroom sink and observed medications and nail polish remover accessible to children	
<b>X</b>	25. Bio-contaminants Disposed Safely		
<b>X</b>	26. Safe Storage of Flammables		
<b>X</b>	27. Safe Door Fasteners		
<input type="radio"/>	28. Electrical Safety	Failed to maintain electrical cords and/or appliances are secured when the electrical cords of the fan and the fan were observed on the way to the bathroom (at the door)	
<b>X</b>	29. Safe Exits		
<b>X</b>	30. Basement Supervision	Y/N	
		N	
	Used for Care ?	Y/N	
<b>X</b>	31. Stairways - Protected, Handrails		
<b>X</b>	32. Emergency Plan		

<b>O</b>	33. Emergency Evacuation Drills - Quarterly/Log	<b>Failed to practice quarterly emergency evacuation drills when only the documentation of three evacuation drill was observed.</b>	
<b>X</b>	34. Smoke Detectors		
<b>X</b>	35. Carbon Monoxide Detector		
<b>X</b>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?	
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y		
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N N	
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<b>X</b>	42. Ventilation, Light and Temperature- 65°		
<b>X</b>	43. Window Safety		
<b>X</b>	44. Washing Toileting, Sewage Garbage Facilities		
<b>X</b>	45. Adequate and Safe Water - Type of System: Public Water		
<b>X</b>	46. Water Temperature- 60°-120°	<b>60.8F</b>	
<b>X</b>	47. Pasteurization of Milk Supply		
<b>X</b>	48. Working Phone, Emergency Numbers Posted		
<b>X</b>	49. Safe Transportation Registered, Insured, Restraints		
<b>X</b>	50. First Aid supplies		
<b>X</b>	51. Pet protection Pets? Rabies Certs?	Type: N N	
<b>X</b>	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<b>X</b>	53. Enrollment Form		

<b>X</b>	54. Child Health Record	
<b>O</b>	55. Immunizations	Failed to maintain complete immunization record when a flu vaccine for one child was missing
<b>X</b>	56. Emergency Permission	
<b>O</b>	57. Authorized Release	Failed to maintain written parent permission to authorize removal of child when child's permission form was missing authorize release information.
<b>X</b>	58. Field Trip and Transportation Permission-To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
	61. Confidentiality	
<b>X</b>	62. Meeting the Child's Needs	
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition-Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<b>X</b>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<b>X</b>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<b>X</b>	72. Infants Placed on Back for Sleeping	
<b>X</b>	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	
O	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	Failed to disinfect changing surface after diapering three children. Failed to dispose of waste material in a sanitary manner/out of reach of children. Waste diapers were observed in a plastic bag within reach of children during the diapering change. Failed to wash her and children's hands after diaper changing.
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	
<b>SICK CHILD CARE 19a-87b-11</b>		
X	91. Sick Child Care	
<b>NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N</b>		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

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

<b>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?**

<b>O</b>	94. Policies and Procedures for Admin of Meds	Failed to maintain complete written policies on the administration of medication.
<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
<b>X</b>	96. Notification - Documentation of Med Error(s)	
<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
<b>X</b>	98. Unused - Expired Nonprescription Meds	
<b>X</b>	99. Documented Medication Trained Staff	
<b>X</b>	100. Written Auth Prescriber/Parent Permission	
<b>X</b>	101. MAR Maintained	
<b>X</b>	102. Prescription Meds - Stored/Labeled	
<b>X</b>	103. Unused/Expired Prescription Meds	
<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
<b>X</b>	105. Self-Admin. Of Meds	
<b>X</b>	106. Petition for Special Medication Authorization	

**MONITORING OF DIABETES 19a-87b-18**Child with diabetes enrolled? **N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	

<b>X</b>	112. Finger Stick Blood Glucose Testing Records	
<b>X</b>	113. Parent Notification of Test Results	

**ADDITIONAL VIOLATIONS**

<b>X</b>	114. Consent Order - Negotiated Corrective Action Plan	N/A?
		<b>X</b>

<b>YES or NO?</b>	<b>Were Violations Cited during this visit?</b>	<b>Total Number of Violations this visit:</b>	<b>9</b>
<b>Yes</b>			

**DISCUSSIONS/COMMENTS**

During the inspection, the provider corrected the issue with the emergency exit by moving the bed to ensure the door could open fully.

The provider completed the notification of change form, and the substitute arrived at noon.

An OEC representative assisted the provider by contacting the BCIS team, who will update her account.

The provider reviewed the OEC regulations and the enrollment documentation.

She received several forms, including the Notification of Change, Emergency Plan, CT Immunization requirements, a diapering procedure poster, Adult Medical Statements and the Administration of Policy sample.

Translation of citations.:

#11 No notificó a la Oficina de OEC sobre la incorporación de un miembro del hogar. La notificación se completó durante la inspección.

#21 No pudo mantener evidencia de cumplimiento con las verificaciones de antecedentes cuando el proveedor no pudo tender acceso a su Cuenca de BCIS y su lista (Roste) no muestra al miembro de hogar o suplente.

#24 No se aseguró de que las sustancias y materiales nocivos fueran inaccesibles para los niños cuando se observó Lysol spray sobre el lavabo del baño de los niños y se observaron medicamentos y quita esmalte accesibles a los niños.

#28 No se dieron mantenimiento a los cables eléctricos y/o los electrodomésticos están asegurados cuando se observaron los cables eléctricos del ventilador y el ventilador en el camino al baño (en la puerta)

#33 No pudo practicar simulacros de evacuación de emergencia trimestrales cuando solo se observó la documentación de tres simulacros de evacuación.

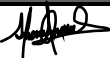
#55 Fallo en Mantegna el recor completo de un niño cuando se observe que la Varuna de la Gripe no esta a en record.

#57 No se pudo mantener el permiso escrito de los padres para autorizar la remoción del niño cuando al formulario de permiso del niño le faltaba información de autorización de recover a in nino.

#78 No sr desinfectó la superficie para cambiar pañales después de cambiar pañales a tres niños. No elimonó el diaper de

**IMPORTANT NOTES**

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- 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:	 (Signature of Provider/Applicant/Substitute)
<b>Silvana Carreon Zegarra</b> (Printed Name)	 (Printed Name)	<b>03/14/2025</b>	<b>ALMANCIA A CUEVAS</b> (Printed Name)

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