

Connecticut Office of Early Childhood

Division of Licensing

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



INCUBATOR SITE - FAMILY CHILD CARE HOME INSPECTION FORM

Provider	Karla Aliendres	License Number	58056	Date of Inspection	3/26/25
Address	57 Fern Street Room #2 New Britain, CT 06053	Expiration Date	9/30/2028	Time of Inspection	9:09a
		Telephone	860-914-8568	Regular Capacity	4
Is this a Change of Address?	Yes? <input type="checkbox"/> No? <input checked="" type="checkbox"/>	Hours of Operation	730a-5p	School Age Capacity	2
		Days of Operation	M-F	Summer Hours	open
New Address		# Under 18 mths present	1	Weekend Hours	—
		Total children present	3	Night Hours	—
Type of Inspection	Full unannounced	Inspector's Name	Eileen Ruiz		
Provider's Email	karlaaliendres@gmail.com	Inspector's Email	eileen.ruiz@ct.gov		

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).

x Karla
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 3
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 1
- 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 8/13/27
- 14. First Aid Certificate-Exp. Date 8/06/25
- 15. CPR Certificate- Exp. Date 8/06/25
- 16. Judgment

Members of the Household 19a-87b-7

- 17. Medical Statement N/A
- 18. Household Environment N/A

Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N) # 92737
 Approval #: Yudelka ValdezAlmazar
- 20. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

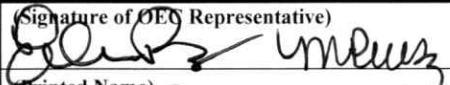
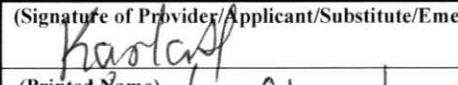
- 21. Background Check(s)
- Physical Environment 19a-87b-9**
- 22. Clean/Sanitary Environment
 - 23. Freedom of Hazards
 - 24. Harmful Substances/Materials Inaccessible
 Lead Paint Y/N, Management Plan _____ N/A
 - 25. Bio-contaminants Disposed Safely
 - 26. Safe Storage of Flammables
 - 27. Safe Door Fasteners
 - 28. Electrical Safety
 - 29. Safe Exits
 - 30. Basement Supervision (Y/N) N/A
 - 31. Stairways: Protected/Handrails
 - 32. Emergency Plan

- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors N/A
- 35. Carbon Monoxide Detector (one on-site) N/A
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed N/A
- 37. Aux. Heating System (Y/N) Type: _____ Approved (Y/N) N/A
- 38. Safe Storage of Weapons and Ammunition N/A
- 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)

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

(Signature of OEC Representative) <i>Eileen Ruiz</i>	Date Corrections Due By: <u>4/9/25</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Karla Aliendres</i>
(Printed Name) Eileen Ruiz melina Perez		(Printed Name) Karla Aliendres

<p>Provider: <u>Karla Aliendres</u></p> <p>Responsibilities of Provider 19a-87b-10 (continued)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF <p>Sick Child Care 19a-87b-11</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 91. Sick Child Care <p>Night Care 19a-87b-12 (Y/N) (10pm-5am)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear <p>Office Access, Inspections and Investigations 19a-87b-13</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <p>Administration of Medications 19a-87b-17</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds-Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current <input checked="" type="checkbox"/> 105. MAR Maintained 	<p>License Number: <u>58056</u></p> <p>Date of Inspection: <u>3-26-25</u></p> <p>Administration of Medications 19a-87b-17 (continued)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results <p>Additional Conditions</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 115. Fire Marshal approval (annual) <u>6/14/25</u> <input checked="" type="checkbox"/> 116. Local Health Inspection (every 2 years) <u>6/11/26</u> <input type="checkbox"/> 117. Radon Test- Date: _____ Results: _____ <input type="checkbox"/> 118. Lead Water test (every 2 years) _____ <input type="checkbox"/> 119. Bact./Chem Test - Date: _____ (N/A) <input checked="" type="checkbox"/> 120. Adequate Toilets/Sinks (1:16) - shared: supervision plan <input checked="" type="checkbox"/> 121. Sinks- Diapering/Handwashing/Food Preparation <input checked="" type="checkbox"/> 122. Bathroom Ventilation (screened window/mechanical) <input type="checkbox"/> 123. No Weapons/No Facsimile of a Firearm on site <input type="checkbox"/> 124. Smoking or Vaping Prohibited on Premises/Grounds <input checked="" type="checkbox"/> 125. Lighting-Shatter Proof/Protected <input checked="" type="checkbox"/> 126. Glass Protected to 36" <input checked="" type="checkbox"/> 127. Openings for Ventilation Screened <input checked="" type="checkbox"/> 128. No Space Heaters Allowed <input checked="" type="checkbox"/> 129. Outdoor Space Fenced <input checked="" type="checkbox"/> 130. Fencing 4 Feet <input checked="" type="checkbox"/> 131. Outdoor Space - Shock Absorbing Material (8") <u>grass</u> <input checked="" type="checkbox"/> 132. Indoor Climbing Play Equipment-Shock Absorbing Materials Under and Around <p>Discussion:</p> <ul style="list-style-type: none"> • Include times on flexible schedule. • MAR for topical forms not needed. • Reviewed evacuation drills. They must be done every 3 mos / quarterly. • Emergency numbers were in the back pack, should be posted. • Lead water testing eff 10/16/24 must test at least 2 sinks if program has more than 1 food, beverage drinksink 	
<p>• Reviewed new regulations effective 10/16/2024, that will impact incubator site.</p> <p>• Manuf. guidelines for indoor climbing equipment is being researched for compliance.</p> <p>• Label sinks accordingly, one is used for handwashing, the other is for food + drink.</p> <p>#57 Observed authorized releases for 3 children incomplete.</p> <p>#117 Did not observed Radon test on File</p> <p>#124 Did not observe smoking signs in the building / program.</p>		
<ul style="list-style-type: none"> • 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. • Only the regulations marked as compliant or non-compliant were monitored or discussed during this visit. • APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency. 		
<p>(Signature of OEC Representative)</p>  <p>(Printed Name)</p> <p><u>Eileen Perez melina Perez</u></p>	<p>Date Corrections Due By:</p> <p><u>4/9/25</u></p>	<p>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</p>  <p>(Printed Name)</p> <p><u>Karla Aliendres</u></p>