



**CONNECTICUT**  
Early Childhood

**DIVISION OF LICENSING**

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**FAMILY CHILD CARE HOME INSPECTION**

<b>Provider</b>	<b>NANCY M REYES ACOSTA</b>				<b>License Number</b>	<b>DCFH.57880</b>	<b>Date of Inspection</b>	<b>04/09/2025</b>
					<b>Expiration Date</b>	<b>8/31/2027</b>	<b>Time of Inspection</b>	<b>10:15 AM</b>
<b>Address</b>	<b>20 SUMMIT AVE APT 1 NEW LONDON CT 06320-5710</b>				<b>Telephone</b>	<b>(860) 514-8667</b>	<b>Regular Capacity</b>	<b>6</b>
					<b>Hours of Operation</b>	<b>6:30 AM 6:00 PM</b>	<b>School Age Capacity</b>	<b>0</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-Sat</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>Yes</b>
					<b>Total children present</b>	<b>3</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>Reyesnancy809@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). <i>nancy Reyes</i>							
<i>Silvana Carreon Zegarra</i> Signature of Provider/Substitute/Applicant								

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

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

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

<b>X</b>	<b>12. Awareness of, Understanding of Regulations</b>	
<b>X</b>	<b>13. Medical statement</b>	
	<b>Expiration date:</b>	<b>11/15/2025</b>
<b>O</b>	<b>14. First Aid Certificate</b>	<b>Failed to maintain current certificate</b>
	<b>Expiration date:</b>	<b>03/21/2025</b>

O	15. CPR Certificate	Failed to maintain current certificate
	Expiration date:	
	03/21/2025	
X	16. Judgment	

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

X	17. Medical Statement	
X	18. Household Environment	

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

X	19. Sub/Assistant	Y/N	Name:		Appvl #	
	Type of Staff :	N				
X	20. Emergency Caregiver					

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

X	21. Background Check(s)	
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### PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment		
O	23. Freedom of Hazards	Failed to maintain the facility and/or equipment in good repair and free of hazards. Observed a lighted candle accessible to children. Observed razors under unlocked bathroom's sink	
O	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children when OEC representative observed cleaning supplies and medications accessible to children. See comments.	
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
O	27. Safe Door Fasteners	Observed a slide-latch lock door in the bathroom. The provider cannot open the door in case of any emergency.	
X	28. Electrical Safety		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

<b>O</b>	33. Emergency Evacuation Drills - Quarterly/Log	<b>Failed to practice quarterly emergency evacuation drills. Observed last written record on 3/27/2024</b>	
<b>X</b>	34. Smoke Detectors		
<b>O</b>	35. Carbon Monoxide Detector	<b>Failed to maintain operable carbon monoxide detectors when the basemen did not have one.</b>	
<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>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	
<b>X</b>	52. Smoking Prohibited		

### RESPONSIBILITIES OF PROVIDER 19a-87b-10

<b>X</b>	53. Enrollment Form		
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<b>O</b>	54. Child Health Record	Failed to maintain current child health record for one child
<b>O</b>	55. Immunizations	Failed to maintain complete immunization records for two children. Two children were missing flu vaccines.
<b>X</b>	56. Emergency Permission	
<b>X</b>	57. Authorized Release	
<b>X</b>	58. Field Trip and Transportation Permission- To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
<b>X</b>	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	

<b>X</b>	74. Crib or Other Provision Free from Observable Hazards	
<b>X</b>	75. Infants not Swaddled	
<b>X</b>	76. Infants Supervised – minimum every 15 minutes	
<b>X</b>	77. Req. for Sleep Arrangements Posted/Discussed	
<b>O</b>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	Failed to wash the child's hands after diapering.. Failed to disinfect changing surface after changing diapers.
<b>X</b>	79. Parent Information and Access	
<b>X</b>	80. Developmental Milestones – Posted	
<b>X</b>	81. Supervision- at all Times, Indoors, Outdoors	
<b>X</b>	82. Personal Schedule- Alert, Competent Attention	
<b>X</b>	83. Full Attention - Distractions, Employment, Socialization	
<b>X</b>	84. Immediate Attention	
<b>X</b>	85. Substitute – Emergency Caregiver Present	
<b>X</b>	86. Appr. Discipline, Behavior Management	
<b>X</b>	87. Discuss Beh. Management Methods w/Staff and Parents	
<b>X</b>	88. Child Protection- Abuse/Neglect	
<b>X</b>	89. Notify OEC within 24 hrs. - Death or Serious Injury	
<b>X</b>	90. Mandated Reporting Abuse or Neglect to DCF	
<b>SICK CHILD CARE 19a-87b-11</b>		
<b>X</b>	91. Sick Child Care	
<b>NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N</b>		
<b>X</b>	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>O</b>	95. Parent Permission for Nonprescription Topical Meds	Failed to maintain written permission from the parents prior to the administration of nonprescription topical medications. A&D ointment and Aquaphor healing cream were used for an infant, no permission form was observed.
<b>X</b>	96. Notification - Documentation of Med Error(s)	
<b>O</b>	97. Nonprescription Topical Meds- Stored/Labeled	Failed to maintain proper labeling of nonprescription topical medications when A&D ointment and Aquaphor healing cream were observed without name.
<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**

	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>13</b>
<b>Yes</b>			

**DISCUSSIONS/COMMENTS****# 24 Harmful substances/ Materials Inaccessible**

Failed to ensure harmful substances and materials are inaccessible to children when OEC representative observed Soft Scrub cleanser bottle, Febreze spray, Scrubbing Bubble spray (bleach gel) under the unlocked cabinet bathroom's sink. Observed different kind of medicines, nail polish remover, and alcohol in the top cabinet of the bathroom accessible to children.

**Discussions**

The provider will notify to OEC when she will add a pool during the summer.


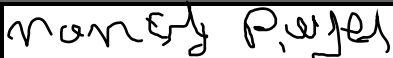
**Electrical cords**

The provider reviewed OEC regulation including safe sleep guidance, capacity, enrollment documentation, supervision, diapering changing procedures, sufficient play equipment and more.

She received a sample of Administration of medication policy, Safe and Healthy diapering flyer, safe sleep in child care flyer and CT immunization requirements.

**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>04/23/2025</b>	<b>NANCY M REYES ACOSTA</b> (Printed Name)

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