



INCUBATOR SITE - FAMILY CHILD CARE HOME INSPECTION FORM

Provider	Ana Flores			License Number	58055	Date of Inspection	4-29-25	
Address	57 Fern St Rm 3 New Britain CT 06053-3946			Expiration Date	9.30.28	Time of Inspection	12:5pm	
				Telephone	860 518 0274	Regular Capacity	6	
Is this a Change of Address?	Yes?		No?	X	Hours of Operation	6:30AM - 4:30pm	School Age Capacity	2
					Days of Operation	mon-Fri	Summer Hours	open
New Address				# Under 18 mths present	2	Weekend Hours	NO	
				Total children present	3	Night Hours	NO	
Type of Inspection	unannounced - Full Inspection			Inspector's Name	Melina Perez			
Provider's Email	followme.edi@gmail.com			Inspector's Email	melina.perez@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).

[Signature]
 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: 2
- 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 6-29-20
- 14. First Aid Certificate-Exp. Date 10-19-20
- 15. CPR Certificate- Exp. Date 10-19-20
- 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) Nicde Villanueva
Approval #: Drs. 92702
- 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)
- 52. Smoking

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)	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
<i>[Signature]</i>	5-13-25	<i>[Signature]</i>
(Printed Name)		(Printed Name)
Melina Perez		Ana Flores

