



**DIVISION OF LICENSING**  
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**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	MARIA M JIMENEZ				<b>License Number</b>	DCFH.56475	<b>Date of Inspection</b>	07/10/2025
					<b>Expiration Date</b>	5/31/2026	<b>Time of Inspection</b>	08:16 AM
<b>Address</b>	200 ASHMUN ST NEW HAVEN CT 06511-3600				<b>Telephone</b>	(203) 777-4423	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	5:00 AM – 10:00 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	0	<b>Weekend Hours</b>	No
					<b>Total children present</b>	1	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Partial Inspection for Change to Include Night Hours.				<b>Inspector's Name</b>	Carmen Valenzuela		
<b>Provider's Email</b>	maria252545@outlook.com				<b>Inspector's Email</b>	carmen.valenzuela@ct.gov		

*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).*

*Maria Jimenez*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

**REGULATORY VIOLATIONS**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	<b>YES/NO:</b> No
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**DISCUSSIONS/COMMENTS**

~ Discussed all regulations related to night care. Provider's space has two areas adjacent to sides of kitchen, communicated by hallway, there are no doors separating the areas.

~ Discussed all regulations on safe sleep for infants, including that infants must be observed at least every fifteen minutes to assess the infant's breathing, color, temperature, and comfort.

~ Discussed proper rest, sleep position for children under 12 months of age/ infants, no sleeping on sofas, beds, soft mattresses, or any soft surfaces. Observed provider has a mini crib with a firm mattress and a full size crib with a soft mattress; discussed not use of full size crib with the soft mattress, with children under 12 months of age. Both cribs were manufactured in 2018, documentation was reviewed today. Provider also has a pull-out sofa-bed. All in the first floor. Discussed use of air mattresses and toddler's beds.

~ Discussed supervision and provider's personal schedule, that shall ensure provider has sufficient rest for alert and competent attention to the children receiving services at the family child care home, over-night and the following day.

~ Discussed non transferability of the license and approved use of substitutes.




Providers states she will be working night care only for children over 12 months of age. She also states that she will be working only with staff approved by OEC, if she needs to, to ensure she gets rest to be able to provide full attention and care to the children, and she will not offer night care to more than three children.

As per provider, she understands the regulations for night care, infants safe sleep, non-transferability of the license, approved use of staff, supervision, and proper rest.

As per provider, she currently has two children interested in night care, one 13 months of age, and one three years old.

**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.
- 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. Providers are required by statutes and regulations to be in compliance at all times.
- **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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Substitute/Applicant)
<b>Carmen Valenzuela</b> (Printed Name)	 (Printed Name)		<b>MARIA M JIMENEZ</b> (Printed Name)