



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	LISA ANN KELLY				License Number	DCFH.50937	Date of Inspection	11/13/2025
					Expiration Date	9/30/2027	Time of Inspection	08:48 AM
Address	696 ELM ST NEW HAVEN CT 06511-4120				Telephone	(203) 988-8579	Regular Capacity	6
					Hours of Operation	6:00 AM – 11:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	No
					Total children present	0	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Carmen Valenzuela		
Provider's Email	kellyannlisa@yahoo.com				Inspector's Email	carmen.valenzuela@ct.gov		

Key:
 Compliant = X
 Non-Compliant = O

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). *Lisa Kelly*

Signature of Provider/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

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

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
O	13. Medical statement Expiration date: 04/08/2025	Provider not in compliance with maintaining a current medical statement when statement had expired. As per provider she had a physical last April, she will request the form.
X	14. First Aid Certificate Expiration date: 09/13/2027	

X	15. CPR Certificate	
	Expiration date:	
	09/13/2027	
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

O	21. Background Check(s)	Provider not in compliance with maintaining evidence of compliance with background checks when there was no evidence of compliance for provider and household member.
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment		
X	23. Freedom of Hazards		
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
O	28. Electrical Safety	Provider not in compliance with maintaining protective covers or approved safety outlets when one plate cover on an outlet was broken making the inside accessible to children.	
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		

X	33. Emergency Evacuation Drills - Quarterly/Log	
X	34. Smoke Detectors	
O	35. Carbon Monoxide Detector	Provider not in compliance with maintaining operable carbon monoxide detectors on each occupied level of the home when none was observed at basement level.
X	36. Fire Extinguisher- 5 lb. ABC/Installed	
X	37. Auxiliary Heating System Y Type? Chimney/	Appvd? Y
X	38. Safe Storage of Weapons and Ammunition	
X	39. Safe Space-Sufficient Indoors Outdoors Y Y	
X	40. Body of Water-Type: Barrier?	Y/N N
X	41. Hot Tubs-Locked - Inaccessible	Y/N N
X	42. Ventilation, Light and Temperature- 65°	
O	43. Window Safety	Provider not in compliance with implementing measures that prevent children from falling from accessible windows in bathroom on 3rd floor, window opened fully, and there was no screen or safety locks preventing full opening of window.
X	44. Washing Toileting, Sewage Garbage Facilities	
X	45. Adequate and Safe Water - Type of System: Public Water	
X	46. Water Temperature- 60°-120°	
X	47. Pasteurization of Milk Supply	
X	48. Working Phone, Emergency Numbers Posted	
X	49. Safe Transportation Registered, Insured, Restraints	
X	50. First Aid supplies	
X	51. Pet protection Pets? Rabies Certs?	Type: N
X	52. Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

O	53. Enrollment Form	Provider not in compliance with maintaining child enrollment form(s) for one child with no form.
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<input checked="" type="checkbox"/>	54. Child Health Record	
<input checked="" type="checkbox"/>	55. Immunizations	
<input type="checkbox"/>	56. Emergency Permission	Provider not in compliance with maintaining written parent permission for emergency medical care for one child with no form and one child missing transportation for emergency.
<input type="checkbox"/>	57. Authorized Release	Provider not in compliance with maintaining written parent permission to authorize removal of child(ren) for 3 children. One had no information/ left blank, one had only dad for emergencies, one had no form.
<input type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	Provider not in compliance with maintaining written parent permission for any activity away from the facility, including days and times, one child had no form for transportation or activities outside the program.
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition- Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="checkbox"/>	68. Proper Rest Provisions – Safe Cribs	
<input type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	Provider not in compliance with ensuring individual plans of care have been signed by the provider, and parent and to keep it current for one child (expired Dec2024), and had no plan for a child with asthma.
<input checked="" type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="checkbox"/>	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	
○	77. Req. for Sleep Arrangements Posted/Discussed	Provider not in compliance with posting in a conspicuous place the requirements for sleep arrangements when no form was posted.
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
○	80. Developmental Milestones – Posted	Provider not in compliance with posting a copy of the developmental milestones information sheet in a conspicuous place when none was posted at the program.
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	
SICK CHILD CARE 19a-87b-11		
X	91. Sick Child Care	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**X**93. Access-
Immediate, Entire
or Part of Facility
and Records**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y****O**94. Policies and
Procedures for
Admin of Meds

Provider not in compliance with developing written policies and procedures for the administration of medication when no policy was available. Shared location of sample on the OEC website.

X95. Parent
Permission for
Nonprescription
Topical Meds**X**96. Notification -
Documentation of
Med Error(s)**X**97.
Nonprescription
Topical Meds-
Stored/Labeled**X**98. Unused -
Expired
Nonprescription
Meds**O**99. Documented
Medication
Trained Staff

Provider not in compliance with maintaining training in the administration of oral, topical and inhalant medications when certificate had expired on July 2025. Two children enrolled needs asthma medication.

O100. Written Auth
Prescriber/Parent
Permission

Provider not in compliance with maintaining a written order from prescriber for medication and parent permission when one form had expired and was missing the parent permission, and med at program was for nebulizer, form indicates puffs with spacer.

X101. MAR
Maintained**X**102. Prescription
Meds -
Stored/Labeled**X**103.
Unused/Expired
Prescription Meds**X**104. Emergency
Meds- Equip.
Labeled/Current**X**105. Self-Admin.
Of Meds**X**106. Petition for
Special
Medication
Authorization**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N****X**108. Policies for
Finger Stick Blood
Glucose Testing**X**109. Finger Stick
Blood Glucose
Testing - Staff
Trained**X**110. Self Admin of
Finger Stick Blood
Glucose Testing**X**111. Testing
Equip. &
Supplies-
Maintain,
Labeled, Locked,
Disposed

X	112. Finger Stick Blood Glucose Testing Records	
X	113. Parent Notification of Test Results	

ADDITIONAL VIOLATIONS

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



WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	15 out of 109
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DISCUSSIONS/COMMENTS

Flyers on safe sleep in child care programs were given to provider.
 Discussed:
 - Written permission for transition to and from school for all children enrolled who might need it, including each sibling.
 - Medication Authorization Forms, matching medications authorized with medication provided to program. Return medication when expired, or no longer needed.
 - Requirements for supervision of infants every 15 minutes when they are sleeping, including during night time hours, sufficient rest for competent and alert attention to the children during night hours and following day. Currently, provider does not have any infants enrolled.
 During today visit the hours of the program were changed by provider from 24 hours to 6:00 AM to 11:30 PM.

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)
Carmen Valenzuela (Printed Name)	 (Printed Name)	11/27/2025	LISA ANN KELLY (Printed Name)