



**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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	MARIA A CHACON AREVALO				License Number	DCFH.57930	Date of Inspection	11/20/2025
					Expiration Date	11/30/2027	Time of Inspection	09:21 AM
Address	39 ROCK HILL RD NEW HAVEN CT 06513-4051				Telephone	(475) 372-2056	Regular Capacity	6
					Hours of Operation	6:30 AM – 6:00 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	6	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Carmen Valenzuela		
Provider's Email	achacon9128@gmail.com				Inspector's Email	carmen.valenzuela@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><u>Consent to Inspect:</u> 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>Carmen Valenzuela</i></p> <p style="text-align: right;">_____ Signature of Provider/Substitute/Applicant</p>							

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

O	4. Capacity	Provider not in compliance with maintaining licensed capacity when records review showed that provider has 12 children between 7:00AM and 9:00 AM. One is school age and the rest count as regular capacity based on their ages.	
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		
O	11. Notification of Change	Provider not in compliance with notifying the Office of the addition of any household member when observed beds and personal articles in the basement, and a living unit in the back of the house (continues after checklist).	

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

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	04/07/2028
X	14. First Aid Certificate	
	Expiration date:	04/30/2027

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	04/30/2027	
<b>X</b>	16. Judgment	

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

<b>O</b>	17. Medical Statement	Provider not in compliance with maintaining medical statements for 3 adults and physical and vaccine records for one infant, new household members not previously reported.
<b>X</b>	18. Household Environment	

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

<b>X</b>	19. Sub/Assistant	Y/N	Name:	Mariam Sarmiento- Silvia Chavez	Appvl #	92698 - 92741
	Type of Staff:	<b>Y</b>				
	Substitute					
<b>X</b>	20. Emergency Caregiver					

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

<b>O</b>	21. Background Check(s)	Provider not in compliance with maintaining evidence of compliance with background checks when three new household members had no background check completed.
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	22. Clean/Sanitary Environment	
<b>X</b>	23. Freedom of Hazards	
<b>X</b>	24. Harmful Substances/Materials Inaccessible	
<b>X</b>	25. Bio-contaminants Disposed Safely	
<b>X</b>	26. Safe Storage of Flammables	
<b>X</b>	27. Safe Door Fasteners	
<b>X</b>	28. Electrical Safety	
<b>O</b>	29. Safe Exits	Provider not in compliance with ensuring a window used as a second means of escape meets size and/or location requirements when basement bedroom window has 2.41 square feet (H: 12 inches W: 29). Continues after checklist.
<b>X</b>	30. Basement Supervision	Y/N
		<b>Y</b>
	Used for Care ?	Y/N
<b>X</b>	31. Stairways - Protected, Handrails	
<b>X</b>	32. Emergency Plan	

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Provider not in compliance with practicing quarterly emergency evacuation drills when during 2025 there were only one drill recorded from 3/20/25 and one from 10/20/25.	
<input type="radio"/>	34. Smoke Detectors	Provider not in compliance with maintaining operable smoke detectors on each level of the home when there was no smoke detector in the unit in the back of the house, separated from main section by a wall.	
<input type="radio"/>	35. Carbon Monoxide Detector	Provider not in compliance with maintaining operable carbon monoxide detectors on each occupied level of the home when there was no Carbon Monoxide detector in-unit in the back of the house.	
<input checked="" type="checkbox"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="checkbox"/>	37. Auxiliary Heating System N Type? Oil	Appvd?	
<input checked="" type="checkbox"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="checkbox"/>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y		
<input checked="" type="checkbox"/>	40. Body of Water-Type: Barrier?	Y/N N	
<input checked="" type="checkbox"/>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<input checked="" type="checkbox"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="checkbox"/>	43. Window Safety		
<input checked="" type="checkbox"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="checkbox"/>	45. Adequate and Safe Water - Type of System: Public Water		
<input checked="" type="checkbox"/>	46. Water Temperature- 60°-120°		
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input checked="" type="checkbox"/>	48. Working Phone, Emergency Numbers Posted		
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input checked="" type="checkbox"/>	50. First Aid supplies		
<input checked="" type="checkbox"/>	51. Pet protection	Type: 1 dog	
<input checked="" type="checkbox"/>	Pets?	Y	
<input checked="" type="checkbox"/>	Rabies Certs?	Y	
<input checked="" type="checkbox"/>	52. Smoking Prohibited		

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

<input checked="" type="checkbox"/>	53. Enrollment Form		
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○	54. Child Health Record	Provider not in compliance with maintaining complete child health record(s) for one child with only oral health evaluation section in file.
X	55. Immunizations	
X	56. Emergency Permission	Provider not in compliance with maintaining written parent permission for emergency medical care when there was no form for one child.
X	57. Authorized Release	
X	58. Field Trip and Transportation Permission-To/From School	
X	59. Swimming Permission	
X	60. Incident Log	
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition-Meals/Snacks, Water Available	
X	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
○	68. Proper Rest Provisions – Safe Cribs	Provider not in compliance with maintaining individual, age-appropriate napping/resting provision for each child when there was no age appropriate provisions for an infant, household member. Observed a queen size bed and a pad on the floor in bedroom where infant sleeps.
X	69. Individual Plan for Care (Written if Applicable)	
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	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>X</b>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
<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	

### SICK CHILD CARE 19a-87b-11

<b>X</b>	91. Sick Child Care	
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### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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**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? Y**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
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<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
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<b>X</b>	96. Notification - Documentation of Med Error(s)	
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<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
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<b>X</b>	98. Unused - Expired Nonprescription Meds	
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<b>X</b>	99. Documented Medication Trained Staff	
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<b>X</b>	100. Written Auth Prescriber/Parent Permission	
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<b>X</b>	101. MAR Maintained	
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<b>X</b>	102. Prescription Meds - Stored/Labeled	
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<b>X</b>	103. Unused/Expired Prescription Meds	
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<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
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<b>X</b>	105. Self-Admin. Of Meds	
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<b>X</b>	106. Petition for Special Medication Authorization	
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**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
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<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
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<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
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<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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<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>	



WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	10 out of 109
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**DISCUSSIONS/COMMENTS**

#11 Notification of Change \_ Continuation \_ In the basement two bedrooms, a bathroom, and a kitchen were observed. As per provider, two adults and a baby ( 7 or 8 months old) had been living there for about a year. Also, as per provider, in the back unit, attached to the house but separated by a wall, is occupied by other adult related to the provider, who is also the landlord. The access to the basement from inside the house was blocked, a wall was blocked to prevent access from the house. Access to the basement is only from outside. I'm \_ Provider stated she did not know she was to notify of them as it was separated from the part of the house she was renting. As per records found on his.vgis.com this house is a single unit. Specialist showed the information to the provider during the visit. \_ Provider understands she must be in compliance with all local codes for the use of the basement and the back unit and have the appropriate certification from the city of New Haven. \_ #29 Safe Exits \_ Continuation \_ The bottom of the opening is at 67 inches from floor and the opening is blocked with a piece of wooden board and other objects. Similar measurements were observed with the small window in the kitchen observed in the basement. \_ Discussed: \_ - Immediate access to entire facility. Provider had to look for keys to open the basement and the back unit. After looking and not finding them, she was able to speak with landlord who informed her the doors were not locked and access was granted. \_ - Complete enrollment and permission forms for children under 12 years of age who are household members and count for capacity.

**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)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Carmen Valenzuela (Printed Name)		12/04/2025	MARIA A CHACON AREVALO (Printed Name)