



**DIVISION OF LICENSING**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 Email: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

|  |  |  |     |   |                         |                                |                     |            |
|--|--|--|-----|---|-------------------------|--------------------------------|---------------------|------------|
| Provider                                   | LOURDES SANCHEZ  |  |     |   | License Number          | DCFH.51866                     | Date of Inspection  | 12/12/2025 |
|  |  |  |     |   | Expiration Date         | 6/30/2026                      | Time of Inspection  | 10:36 AM   |
| Address                                    | 58 NORWELL ST<br>WEST HAVEN CT 06516-1125  |  |     |   | Telephone               | (475) 800-5819                 | Regular Capacity    | 6          |
|  |  |  |     |   | Hours of Operation      | 7:00 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  | 1                              | Night Hours         | No         |
| Type of Inspection                         | UNANNOUNCED INSPECTION - FULL  |  |     |   | Inspector's Name        | Silvana Carreon Zegarra        |                     |            |
| Provider's Email                           | Lourdess0529@gmail.com   |  |     |   | Inspector's Email       | silvana.carreon-zegarra@ct.gov |                     |            |
| Key:<br>Compliant = X<br>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>Silvana Carreon</i></p> <p style="text-align: right;">_____<br/>Signature of Provider/Substitute/Applicant</p> |  |     |   |                         |                                |                     |            |

**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 |  |
| X | 13. Medical statement                          |  |
|   | Expiration date:<br>10/18/2027                 |  |
| X | 14. First Aid Certificate                      |  |
|   | Expiration date:<br>11/15/2027                 |  |

|          |                     |  |
|----------|---------------------|--|
| <b>X</b> | 15. CPR Certificate |  |
|          | Expiration date:    |  |
|          | 11/15/2027          |  |
| <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 when a 18-year-old household member misses her Adult Medical statements. |
| <b>X</b> | 18. Household Environment |   |

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

|          |                         |     |       |  |         |  |
|----------|-------------------------|-----|-------|--|---------|--|
| <b>X</b> | 19. Sub/Assistant       | Y/N | Name: |  | Appvl # |  |
|          | Type of Staff :         | N   |       |  |         |  |
| <b>X</b> | 20. Emergency Caregiver |     |       |  |         |  |

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

|          |                         |   |
|----------|-------------------------|---|
| <b>O</b> | 21. Background Check(s) | Provider not in compliance with ensuring comprehensive background check(s) have been conducted when an 1-year-old household member misses to have her background check completed. |
|----------|-------------------------|---|

**PHYSICAL ENVIRONMENT 19a-87b-9**

|          |   |  |  |  |  |  |
|----------|---|--|--|--|--|--|
| <b>X</b> | 22. Clean/Sanitary Environment                |  |  |  |  |  |
| <b>O</b> | 23. Freedom of Hazards                        | Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards when the OEC representative observed that the trampoline is missing a safety net, and the posts do not have protection. |  |  |  |  |
| <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>X</b> | 29. Safe Exits                                |  |  |  |  |  |
| <b>X</b> | 30. Basement Supervision                      | Y/N  |  |  |  |  |
|          |   | Y  |  |  |  |  |
|          | Used for Care ?                               | Y/N  |  |  |  |  |
| <b>X</b> | 31. Stairways - Protected, Handrails          |  |  |  |  |  |
| <b>X</b> | 32. Emergency Plan                            |  |  |  |  |  |

|          |  |  |  |
|----------|--|--|--|
| <b>O</b> | <b>33. Emergency Evacuation Drills - Quarterly/Log</b>         | <b>Provider not in compliance with practicing quarterly emergency evacuation drills when the OEC representative observed the 2024 emergency evacuation drill records. The provider stated that she forgot to record the evacuations.</b> |  |
| <b>X</b> | <b>34. Smoke Detectors</b>                                     |  |  |
| <b>X</b> | <b>35. Carbon Monoxide Detector</b>                            |  |  |
| <b>X</b> | <b>36. Fire Extinguisher- 5 lb. ABC/Installed</b>              |  |  |
| <b>X</b> | <b>37. Auxiliary Heating System N</b>                          | Appvd?   |  |
|          | Type?  |  |  |
| <b>X</b> | <b>38. Safe Storage of Weapons and Ammunition</b>              |  |  |
| <b>X</b> | <b>39. Safe Space-Sufficient</b>                               |  |  |
|          | Indoors  | Y  |  |
|          | Outdoors   | Y  |  |
| <b>X</b> | <b>40. Body of Water-Type:</b>                                 | Y/N  |  |
|          | Barrier?   | N  |  |
| <b>X</b> | <b>41. Hot Tubs-Locked - Inaccessible</b>                      | Y/N  |  |
|          |  | N  |  |
| <b>X</b> | <b>42. Ventilation, Light and Temperature- 65°</b>             |  |  |
| <b>X</b> | <b>43. Window Safety</b>                                       |  |  |
| <b>X</b> | <b>44. Washing Toileting, Sewage Garbage Facilities</b>        |  |  |
| <b>X</b> | <b>45. Adequate and Safe Water -</b>                           |  |  |
|          | Type of System:  |  |  |
|          | Public Water   |  |  |
| <b>X</b> | <b>46. Water Temperature- 60°-120°</b>                         |  |  |
| <b>X</b> | <b>47. Pasteurization of Milk Supply</b>                       |  |  |
| <b>X</b> | <b>48. Working Phone, Emergency Numbers Posted</b>             |  |  |
| <b>X</b> | <b>49. Safe Transportation Registered, Insured, Restraints</b> |  |  |
| <b>X</b> | <b>50. First Aid supplies</b>                                  |  |  |
| <b>X</b> | <b>51. Pet protection</b>                                      | Type: 2 little dogs. 1 month no rabies yet.  |  |
|          | Pets?  | Y  |  |
|          | Rabies Certs?  | Y  |  |
| <b>X</b> | <b>52. Smoking Prohibited</b>                                  |  |  |

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

|          |                            |  |
|----------|----------------------------|--|
| <b>X</b> | <b>53. Enrollment Form</b> |  |
|----------|----------------------------|--|

|          |  |  |
|----------|--|--|
| <b>X</b> | 54. Child Health Record  |  |
| <b>X</b> | 55. Immunizations  |  |
| <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>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 |  |
|----------|---------------------|--|

### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

|          |   |  |
|----------|---|--|
| <b>X</b> | 92. Separate Bed- Location of Bed - Appropriate Sleepwear |  |
|----------|---|--|

**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

|          |  |  |
|----------|--|--|
| <b>X</b> | 93. Access-<br>Immediate, Entire<br>or Part of Facility<br>and Records |  |
|----------|--|--|

**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

|          |   |  |
|----------|---|--|
| <b>X</b> | 94. Policies and<br>Procedures for<br>Admin of Meds |  |
|----------|---|--|

|          |   |  |
|----------|---|--|
| <b>X</b> | 95. Parent<br>Permission for<br>Nonprescription<br>Topical Meds |  |
|----------|---|--|

|          |  |  |
|----------|--|--|
| <b>X</b> | 96. Notification -<br>Documentation of<br>Med Error(s) |  |
|----------|--|--|

|          |   |  |
|----------|---|--|
| <b>X</b> | 97.<br>Nonprescription<br>Topical Meds-<br>Stored/Labeled |  |
|----------|---|--|

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|----------|--|--|
| <b>X</b> | 98. Unused -<br>Expired<br>Nonprescription<br>Meds |  |
|----------|--|--|

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|----------|---|--|
| <b>X</b> | 99. Documented<br>Medication<br>Trained Staff |  |
|----------|---|--|

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| <b>X</b> | 100. Written Auth<br>Prescriber/Parent<br>Permission |  |
|----------|--|--|

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|----------|------------------------|--|
| <b>X</b> | 101. MAR<br>Maintained |  |
|----------|------------------------|--|

|          |   |  |
|----------|---|--|
| <b>X</b> | 102. Prescription<br>Meds -<br>Stored/Labeled |  |
|----------|---|--|

|          |   |  |
|----------|---|--|
| <b>X</b> | 103.<br>Unused/Expired<br>Prescription Meds |  |
|----------|---|--|

|          |   |  |
|----------|---|--|
| <b>X</b> | 104. Emergency<br>Meds- Equip.<br>Labeled/Current |  |
|----------|---|--|

|          |                             |  |
|----------|-----------------------------|--|
| <b>X</b> | 105. Self-Admin.<br>Of Meds |  |
|----------|-----------------------------|--|

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|----------|---|--|
| <b>X</b> | 106. Petition for<br>Special<br>Medication<br>Authorization |  |
|----------|---|--|

**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

|          |  |  |
|----------|--|--|
| <b>X</b> | 108. Policies for<br>Finger Stick Blood<br>Glucose Testing |  |
|----------|--|--|

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|----------|--|--|
| <b>X</b> | 109. Finger Stick<br>Blood Glucose<br>Testing - Staff<br>Trained |  |
|----------|--|--|

|          |   |  |
|----------|---|--|
| <b>X</b> | 110. Self Admin of<br>Finger Stick Blood<br>Glucose Testing |  |
|----------|---|--|

|          |  |  |
|----------|--|--|
| <b>X</b> | 111. Testing<br>Equip. &<br>Supplies-<br>Maintain,<br>Labeled, Locked,<br>Disposed |  |
|----------|--|--|

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>112. Finger Stick Blood Glucose Testing Records</b> |  |
| <b>X</b> | <b>113. Parent Notification of Test Results</b>        |  |

**ADDITIONAL VIOLATIONS**

|  |   |          |  |
|--|---|----------|--|
|  | <b>114. Consent Order - Negotiated Corrective Action Plan</b> | N/A?     |  |
|  |   | <b>X</b> |  |


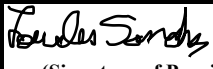
|  |            |  |                     |
|--|------------|--|---------------------|
| <b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b> | <b>Yes</b> | <b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b> | <b>4 out of 109</b> |
|--|------------|--|---------------------|

**DISCUSSIONS/COMMENTS**

During the inspection, the provider sent the BCIS invite to the household member who scheduled and fingerprint appointment. \_\_\_Discussion\_Flu vaccine requirements. \_Smocke

**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.*

|   |                                       |                                 |   |
|---|---------------------------------------|---------------------------------|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | <b>DATE CORRECTIONS DUE BY:</b> | <br>(Signature of Provider/Applicant/Substitute) |
| <b>Silvana Carreon Zegarra</b><br>(Printed Name)  | <br>(Printed Name)                    | <b>12/26/2025</b>               | <b>LOURDES SANCHEZ</b><br>(Printed Name)  |