



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

FAMILY CHILD CARE HOME INSPECTION

Provider	LATRICE AHMED				License Number	DCFH.57402	Date of Inspection	12/18/2025
					Expiration Date	10/31/2028	Time of Inspection	03:43 PM
Address	22 BURLEY AVE STAMFORD CT 06902-7643				Telephone	(203) 461-2485	Regular Capacity	5
					Hours of Operation	8:30 AM – 5:30 PM	School Age Capacity	0
Is this a Change of Address?	Yes?	<input checked="" type="checkbox"/>	No?	<input type="checkbox"/>	Days of Operation	Mon-Fri	Summer Hours	Open
New Address	880 Pacific Street Stamford CT 06902				# Under 18 mths present	0	Weekend Hours	Yes
					Total children present	0	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Candy Vargas		
Provider's Email	latrice7@yahoo.com				Inspector's Email	candy.vargas@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).

Signature of Provider/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

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

QUALIFICATION OF PROVIDER 19a-87b-6

<input checked="" type="checkbox"/>	12. Awareness of, Understanding of Regulations	
<input checked="" type="checkbox"/>	13. Medical statement	
	Expiration date:	05/30/2026
<input type="checkbox"/>	14. First Aid Certificate	Provider not in compliance with maintaining a current first aid certificate.
	Expiration date:	06/23/2025

<input type="radio"/>	15. CPR Certificate	Provider not in compliance with maintaining a current CPR certificate.
	Expiration date: 06/23/2025	
<input checked="" type="checkbox"/>	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

<input checked="" type="checkbox"/>	17. Medical Statement	
<input checked="" type="checkbox"/>	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

<input checked="" type="checkbox"/>	19. Sub/Assistant	Y/N	Name:		Appvl #	
	Type of Staff:	N				
<input checked="" type="checkbox"/>	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

<input type="radio"/>	21. Background Check(s)	Provider not in compliance with ensuring comprehensive background check(s) have been conducted when it was observed that her background check was expired.
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PHYSICAL ENVIRONMENT 19a-87b-9

<input checked="" type="checkbox"/>	22. Clean/Sanitary Environment					
<input checked="" type="checkbox"/>	23. Freedom of Hazards					
<input checked="" type="checkbox"/>	24. Harmful Substances/Materials Inaccessible					
<input checked="" type="checkbox"/>	25. Bio-contaminants Disposed Safely					
<input checked="" type="checkbox"/>	26. Safe Storage of Flammables					
<input checked="" type="checkbox"/>	27. Safe Door Fasteners					
<input checked="" type="checkbox"/>	28. Electrical Safety					
<input checked="" type="checkbox"/>	29. Safe Exits					
<input checked="" type="checkbox"/>	30. Basement Supervision	Y/N				
		N				
<input checked="" type="checkbox"/>	Used for Care ?	Y/N				
<input checked="" type="checkbox"/>	31. Stairways - Protected, Handrails					
<input checked="" type="checkbox"/>	32. Emergency Plan					

X	33. Emergency Evacuation Drills - Quarterly/Log	
X	34. Smoke Detectors	
X	35. Carbon Monoxide Detector	
O	36. Fire Extinguisher- 5 lb. ABC/Installed	Provider not in compliance with maintaining a 5lb ABC fire extinguisher in the program.
X	37. Auxiliary Heating System N Type?	Appvd?
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 Y
X	41. Hot Tubs- Locked - Inaccessible	Y/N N
X	42. Ventilation, Light and Temperature- 65°	
X	43. Window Safety	
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

X	53. Enrollment Form	
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X	54. Child Health Record	
X	55. Immunizations	
X	56. Emergency Permission	
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	
O	63. Sufficient Play Equipment	Provider not in compliance with providing sufficient indoor 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	
X	68. Proper Rest Provisions – Safe Cribs	
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	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
O	77. Req. for Sleep Arrangements Posted/Discussed	Provider not in compliance with posting in a conspicuous place the requirements for sleep arrangements.
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
O	80. Developmental Milestones – Posted	Provider not in compliance with a copy of the developmental milestones information sheet.
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	
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. Access- Immediate, Entire or Part of Facility and Records	
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N

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

X	108. Policies for Finger Stick Blood Glucose Testing	
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X	109. Finger Stick Blood Glucose Testing - Staff Trained	
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X	110. Self Admin of Finger Stick Blood Glucose Testing	
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X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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X	112. Finger Stick Blood Glucose Testing Records	
X	113. Parent Notification of Test Results	

ADDITIONAL VIOLATIONS

X	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
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WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	7 out of 110
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DISCUSSIONS/COMMENTS

BCIS information provided at the time of inspection. Capacity has been reduced to 5. Playground approved for outdoor space is in the back of the building.

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)
Candy Vargas (Printed Name)	 (Printed Name)	01/01/2026	LATRICE AHMED (Printed Name)