



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	CARMEN TORRES				License Number	DCFH.55246	Date of Inspection	02/11/2026
					Expiration Date	9/30/2029	Time of Inspection	01:35 PM
Address	167 CHATHAM STREET- 1ST FLOOR NEW HAVEN CT 06513				Telephone	(203) 931-5797	Regular Capacity	6
					Hours of Operation	5:30 AM – 7:00 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	1	Weekend Hours	No
					Total children present	7	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Carmen Valenzuela		
Provider's Email	ct54167@gmail.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).
Carmen Torres
 Signature of Provider/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

O	4. Capacity	Provider not in compliance with maintaining licensed capacity when upon arrival observed 7 children, all under 5/ regular capacity. A mom was called and she picked up her two children about 20 minutes the call.	
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

O	12. Awareness of, Understanding of Regulations	Provider not in compliance with demonstrating an awareness and/or understanding of the regulations when she stated she goes to pick-up two children from the bus, and leaves the rest inside for about 2 or 3 minutes. Continues after checklist.
X	13. Medical statement Expiration date: 09/06/2028	
X	14. First Aid Certificate Expiration date: 12/07/2026	

X	15. CPR Certificate	
	Expiration date: 12/07/2026	
O	16. Judgment	Provider not in compliance with demonstrating good judgment about supervision and safety when she admitted of leaving children alone in the house when picking up others from the bus, when she allowed children with no permission or enrollment forms, no medical forms to attend the program.

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

X	21. Background Check(s)	
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment	
X	23. Freedom of Hazards	
O	24. Harmful Substances/Materials Inaccessible	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when observed several toiletries, make-up, and cleaning products accessible in bathroom cabinet and in a room connected to the bathroom that had the 2 access doors unlocked.
X	25. Bio-contaminants Disposed Safely	
X	26. Safe Storage of Flammables	
X	27. Safe Door Fasteners	
X	28. Electrical Safety	
X	29. Safe Exits	
X	30. Basement Supervision	Y/N Y
	Used for Care ?	Y/N
O	31. Stairways - Protected, Handrails	Provider not in compliance with maintaining a sturdy handrail with no areas in which a child may fall through when observed several toiletries spaces 11.5 inches wide in the handrail of outside stairs.
X	32. Emergency Plan	

X	33. Emergency Evacuation Drills - Quarterly/Log		
X	34. Smoke Detectors		
X	35. Carbon Monoxide Detector		
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
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 N	
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

O	53. Enrollment Form	Provider not in compliance with maintaining child enrollment form(s) when 2 children were missing the form.
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<input type="radio"/>	54. Child Health Record	Provider not in compliance with maintaining current child health record(s) for 2 children with an expired form and one missing the form.
<input type="radio"/>	55. Immunizations	Provider not in compliance with maintaining immunization record(s) for 3 children without a form and one incomplete, missing flu vaccine documentation since November 2023.
<input type="radio"/>	56. Emergency Permission	Provider not in compliance with maintaining written parent permission for emergency medical care for 4 children with no form.
<input type="radio"/>	57. Authorized Release	Provider not in compliance with maintaining written parent permission to authorize removal of child(ren) for four children without permission.
<input type="radio"/>	58. Field Trip and Transportation Permission-To/From School	Provider not in compliance with maintaining written parent permission for transportation of child(ren) for 4 children without permission.
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input type="radio"/>	60. Incident Log	Provider not in compliance with maintaining an incident log for each child when 4 children were missing it.
<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="radio"/>	69. Individual Plan for Care (Written if Applicable)	Provider not in compliance with developing and implementing a written individual plan of care for each child with disabilities or special health care needs when 2 children were without chronic conditions have no individual plan of care.
<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	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
O	81. Supervision- at all Times, Indoors, Outdoors	Provider not in compliance with providing supervision at all times when as per provider she leaves the little ones in the crib or bed, and the others in the living room room while she takes children from the bus in the afternoons. She has been doing it since school stated last fall.
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?****Y****X**94. Policies and
Procedures for
Admin of Meds**X**95. 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**○**99. Documented
Medication
Trained Staff

Provider not in compliance with maintaining training in the administration of pre-measured commercially prepared auto injector medications no current certification was available. One child needs EpiPen.

○100. Written Auth
Prescriber/Parent
Permission

Provider not in compliance with maintaining a written order from prescriber for medication when observed EpiPen for a child but no authorization from doctor or permission from parent.

○101. MAR
Maintained

Provider not in compliance with maintaining a medication administration record for three emergency medications at the program.

X102. 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:	17 out of 109
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DISCUSSIONS/COMMENTS

#12 Continuation As per provider, she didn't know she had to take all children out with her whenever she was going out for the children arriving by bus. Provider stated she was not keeping the enrollment forms for the children who come for only 20 minutes. Observed one school age child arrived to program and shortly after, leaving. When specialist asked provider for child and name of him, she stated she didn't see him, that they just come for a moment and leave soon. They get off the bus and enter but don't stay long. Provider said she didn't know she will need to have all enrollment forms and medical forms for all the children that came to the house. She wasn't keeping forms as they were not staying long. She added the children live in the neighborhood on Peck Street, and they come just for the bus stop.

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: 02/25/2026	 (Signature of Provider/Applicant/Substitute)
Carmen Valenzuela (Printed Name)	 (Printed Name)		CARMEN TORRES (Printed Name)