CONNECTICUT Early Childhood

DIVISION OF LICENSING

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Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

PROVIDER	CARMEN RODRIGUEZ	LICENSE NUMBER	DCFH.55201	DATE OF INSPECTION	03/19/2026
		EXPIRATION DATE	9/30/2029	TIME OF INSPECTION	01:13 PM
ADDRESS	80 SYLVAN AVE NEW HAVEN CT 06519-1023	TELEPHONE	(203)	REGULAR CAPACITY	6
		HOURS OF OPERATION	6:00 AM – 5:00 PM	SCHOOL AGE CAPACITY	3
		DAYS OF OPERATION	Mon-Sat	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS? YES:	X	# UNDER 18 MTHS PRESENT	0	WEEKEND HOURS	Yes
NO:		TOTAL CHILDREN PRESENT	1	NIGHT HOURS	No
NEW ADDRESS:					
TYPE OF INSPECTION	UNANNOUNCED INSPECTION - FULL	INSPECTOR'S NAME	Carmen Valenzuela		
PROVIDER'S EMAIL	carmenrodriguez7777@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 J Rodriguez

Signature of Provider/Substitute/Applicant

TERMS OF THE LICENSE 19a-87b-5

X	4. 5(d)/10(a) CAPACITY		
X	5. 5(c) NON-TRANSFERABILITY OF LICENSE	Pending?	
X	6. 5(e) INFANT/TODDLER RESTRICTION		
X	7. 5(f)(2) LICENSE POSTED		
X	8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER		
X	9. 5(h) PHOTO ID		
X	10. 5(i) REQUESTS FOR INFORMATION		
X	11. 5(j) NOTIFICATION OF CHANGE		

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
O	13. 6(b) MEDICAL STATEMENT EXPIRATION DATE: 01/22/2027	Provider not in compliance with maintaining a complete medical statement when statement presented did not include a complete answer to question related to emotional illness, disorder that would pose a risk to children in her care.

X	14. 6(c)(1) FIRST AID CERTIFICATE EXPIRATION DATE: 08/24/2026	
X	15. 6(c)(2) CPR CERTIFICATE EXPIRATION DATE: 08/24/2026	
X	16. 6(e) JUDGMENT	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. 7(a) MEDICAL STATEMENT	
X	18. 7(b) HOUSEHOLD ENVIRONMENT	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. 8(a)-(b) SUBSTITUTE - ASSISTANT	Y/N	NAME:		Appvl #	
		N	NAME:		Appvl #	
	PRESENT AT VISIT? N					
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. 8a(a)-(f) BACKGROUND CHECK(S)	

PHYSICAL ENVIRONMENT 19a-87b-9

X	22. 9(a) CLEAN/SANITARY ENVIRONMENT	
X	23. 9(b) FREEDOM OF HAZARDS	
X	24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	
X	25. 9(c) BIO-CONTAMINANTS DISPOSED SAFELY	
X	26. 9(d)(1) SAFE STORAGE OF FLAMMABLES	
X	27. 9(d)(2) SAFE DOOR FASTENERS	
X	28. 9(d)(3) ELECTRICAL SAFETY	

X	29. 9(d)(4)-(A) SAFE EXITS	
X	30. 9(d)(4)(A) BASEMENT SUPERVISION USED FOR CARE ?	Y/N: Y; Y/N: N
X	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS	
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN	
X	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG	
X	34. 9(d)(6) SMOKE DETECTORS	
X	35. 9d)(7) CARBON MONOXIDE DETECTOR	
X	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED	
X	37. 9(d)(9) N/A? Y AUXILIARY HEATING SYSTEM	TYPE: APPROVED?
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION	
X	39. 9(f)(1)-(2) SAFE SPACE-SUFFICIENT	INDOORS: Yes; OUTDOORS: Yes
X	40. 9(f)(2) N/A? BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED	TYPE: BARRIER: N
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE	
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°	
X	43. 9(g) WINDOW SAFETY	
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES	
X	45. 9(i) ADEQUATE AND SAFE WATER -	TYPE OF SYSTEM: Public Water
O	46. 9(h) WATER TEMPERATURE- 60°-120°	Provider not in compliance with maintaining a safe water temperature between 60-120 degrees when water temperature reached 124.7 when measured.

X	47. 9(j) PASTEURIZATION OF MILK SUPPLY		
X	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED		
X	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS		
O	50. 9(m)-(n) FIRST AID KIT and SUPPLIES	Provider not in compliance with maintaining a complete first aid kit when it was missing a non glass thermometer.	
O	51. 9(o) PET PROTECTION	TYPE of PETS:	2 dogs
	PETS? Y/N N	Provider not in compliance with maintaining current rabies vaccination certificate(s) for one dog, and no rabies certificate for another dog that was at the program for about a week, temporary staying while owner was out of town.	
	RABIES CERTS? Y/N N		
X	52. 9(p) Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. 10(b)(1) ENROLLMENT FORM	
O	54. 10(b)(2) CHILD HEALTH RECORD	Provider not in compliance with maintaining current child health record(s) for one child with an expired physical. Appointment is scheduled for 4/3/26.
O	55. 10(b)(2)(v)/(l) IMMUNIZATIONS	Provider not in compliance with maintaining current immunization records(s) for one child that had incomplete immunization information on record. As per provider, he had gone for the vaccines and mom will provide updated record.
X	56. 10(b)(3)(B) EMERGENCY PERMISSION	
X	57. 10(b)(3)(A) AUTHORIZED RELEASE	
X	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL	
X	59. 10(b)(3)(E) SWIMMING PERMISSION	
X	60.10(b)(4) INCIDENT LOG	
X	61. 10(b)(5) CONFIDENTIALITY	
X	62. 10(c) MEETING THE CHILD'S NEEDS	
X	63.10(c)(1) SUFFICIENT PLAY EQUIPMENT	

X	64. 10(c)(2) GOOD NUTRITION-MEALS/SNACKS, WATER AVAILABLE	
X	65. 10(c)(3) HANDWASHING	
X	66. 10(c)(4) FLEXIBLE AND BALANCED WRITTEN SCHEDULE	
X	67. 10(c)(6) PERSONAL ARTICLES-BLANKET, TOWEL, TOILET ARTICLES	
X	68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS	
X	69. 10(d) INDIVIDUAL PLAN FOR CARE	
X	70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
X	71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	
X	72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING	
X	73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	
X	74. 10(f)(3)-(4)/(7) CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS	
X	75. 10(f)(5) INFANTS NOT SWADDLED	
X	76. 10(f)(6) INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES	
X	77. 10(f)(8) REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED	
O	78. 10(g) DIAPER CHANGING-FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	Provider not in compliance with utilizing a nonporous diapering surface when none was available at the program.
X	79. 10(h)(1)-(9)-(11) PARENT INFORMATION AND ACCESS	
X	80. 10(h)(10) DEVELOPMENTAL MILESTONES – POSTED	

X	81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
X	82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
X	83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
X	84. 10(i)(3) IMMEDIATE ATTENTION	
X	85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
X	86. 10(j) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
X	87. 10(j)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
X	88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT	
X	89. 10(k)2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
X	90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF	
SICK CHILD CARE 19a-87b-11		
X	91. 11(a)(1)-(3) SICK CHILD CARE	
NIGHT CARE 19a-87b-12 (10pm to 5am) **Y/N? N**		
	92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13		
X	93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	

ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N		
X	94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS	
X	95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS	
X	96. (a)(2)/(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)	
X	97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED	
X	98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS	
X	99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF	
X	100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION	
X	101. (b)(4)(A-B) MAR MAINTAINED	
X	102. (b)(5)(A-B) PRESCRIPTION MEDS – STORED/LABELED	
X	103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS	
X	104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT	
X	105. (b)(6) SELF – ADMIN. OF MEDS	
X	106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
	107. (d) POTASSIUM IODIDE (KI) N/A: Y	

MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N		
X	108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING	
X	109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED	

X	110. (c)(3) SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
X	111. (d) TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
X	112. (e)(1-2) FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
X	113. (e)(3) PARENT NOTIFICATION OF TEST RESULTS	

ADDITIONAL VIOLATIONS

		N/A?	
	114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	Y	

WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	7 out of 109

DISCUSSIONS/COMMENTS

Discussed quarterly emergency evacuation drills, one every three months, history of 12 months of drills completed.

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.

Signature of OEC Representative	Carmen Elsa Valenzuela	Carmen S Rodriguez	Signature of Provider/ Substitute
Printed Name	Carmen Valenzuela	CARMEN RODRIGUEZ	Printed Name
2nd OEC Representative		**APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.	
Printed Name		**THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.**	

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Written Corrective Action Plan due by: **04/02/2026**

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CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf