




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	MARTHA V LAZO-CASTILLO			LICENSE NUMBER	DCFH.57572	DATE OF INSPECTION	04/01/2026
				EXPIRATION DATE	11/30/2029	TIME OF INSPECTION	09:31 AM
ADDRESS	10 TOLLI TER NEW HAVEN CT 06512-3159			TELEPHONE	(203) 535-8130	REGULAR CAPACITY	6
				HOURS OF OPERATION	5:00 AM - 10:00 PM	SCHOOL AGE CAPACITY	3
				DAYS OF OPERATION	Mon-Sat	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS?	YES	NO	NEW ADDRESS	# UNDER 18 MTHS PRESENT	0	WEEKEND HOURS	Yes
		X		TOTAL CHILDREN PRESENT	7	NIGHT HOURS	No
TYPE OF INSPECTION	UNANNOUNCED INSPECTION - FULL			INSPECTOR'S NAME	Carmen Valenzuela		
PROVIDER'S EMAIL	lazocastillo87@hotmail.com			INSPECTOR'S EMAIL	carmen.valenzuela@ct.gov		
KEY:	<i>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).</i>						
COMPLIANT = X	 _____ <i>Signature of Provider/Substitute/Applicant</i>						
NON-COMPLIANT = O							

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	
X	13. 6(b) MEDICAL STATEMENT	
	EXPIRATION DATE:	10/06/2028

	14. 6(c)(1) FIRST AID CERTIFICATE EXPIRATION DATE: 04/30/2027	
X	15. 6(c)(2) CPR CERTIFICATE EXPIRATION DATE: 04/30/2027	
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:	Maria M. Granda Roman (Present today)	Appvl #	92640
		Y	NAME:	Ruben Patricio Jimenez (Not present today)	Appvl #	92009
	PRESENT AT VISIT?					
	Y					
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. 8a(a)-(f) BACKGROUND CHECK(S)	
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. 9(a) CLEAN/SANITARY ENVIRONMENT	
○	23. 9(b) FREEDOM OF HAZARDS	Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards when observed outside near fence gate / entrance to back yard a storage bin without lid with replacement nails for pneumatic nailers, (continues after checklist)
○	24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when observed at entrance to the backyard, some paint cans, a few containers with compound for sheetrock (continues after checklist).
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)	Y/N	Basement has door to direct access outside to ground level.	
	BASEMENT SUPERVISION	Y		
	USED FOR CARE ?	Y/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. 9(d)(7) CARBON MONOXIDE DETECTOR			
O	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED	Provider not in compliance with maintaining at least a 5lb ABC fire extinguisher in operating condition when the fire extinguisher accessible to children care area had the charge indicator needle pointing to recharge.		
X	37. 9(d)(9) N/A? Y	TYPE:	APPROVED?	
	AUXILIARY HEATING SYSTEM			
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION			
X	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT			
	<table border="1"> <tr> <td data-bbox="142 1192 235 1226">INDOORS</td> <td data-bbox="235 1192 365 1226">OUTDOORS</td> </tr> <tr> <td data-bbox="142 1226 235 1243">Yes</td> <td data-bbox="235 1226 365 1243">Yes</td> </tr> </table>			INDOORS
INDOORS	OUTDOORS			
Yes	Yes			
X	40. 9(f)(2) N/A? Y	TYPE:	BARRIER:	
	BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED			
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 -			
	<table border="1"> <tr> <td data-bbox="142 1852 365 1915">TYPE OF SYSTEM: Public Water</td> </tr> </table>			TYPE OF SYSTEM: Public Water
TYPE OF SYSTEM: Public Water				
X	46. 9(h) WATER TEMPERATURE- 60°-120°			

X	47. 9(i) PASTEURIZATION OF MILK SUPPLY	
X	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED	
X	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS	
X	50. 9(m)-(n) FIRST AID KIT and SUPPLIES	
X	51. 9(o) PET PROTECTION	TYPE of PETS:
	PETS? Y/N N	
	RABIES CERTS? Y/N	
X	52. 9(p) Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. 10(b)(1) ENROLLMENT FORM	
X	54. 10(b)(2) CHILD HEALTH RECORD	
X	55. 10(b)(2)(v)(I) IMMUNIZATIONS	
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	
X	78. 10(g) DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	
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	
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

	92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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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

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



WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	3 out of 108
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DISCUSSIONS/COMMENTS

23 (Continuation) __ and near the bin there was another open container with more nails, and a used circular blade under the nails. Observed the shed was not locked, and on the floor there were gardening tools, more nails and screws on containers on the floor. Provider removed the nails from outside and locked the shed during the visit. #24 (continuation) __ prime and sealer, and in the shed that was unlocked, there was other items on the floor: anti freeze, car oil, more paint cans. Provider locked the shed during the visit.

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			Signature of Provider/ Substitute
Printed Name	Carmen Valenzuela	MARTHA V LAZO-CASTILLO	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> 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.	

	Written Corrective Action Plan due by: 04/15/2026	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
OEC Representative's Email: carmen.valenzuela@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf