



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	AGRIPINA RAMIREZ			LICENSE NUMBER	DCFH.57321	DATE OF INSPECTION	04/30/2026
				EXPIRATION DATE	2/29/2028	TIME OF INSPECTION	08:57 AM
ADDRESS	440 ORCHARD ST NEW HAVEN CT 06511-4111			TELEPHONE	(203) 390-9308	REGULAR CAPACITY	6
				HOURS OF OPERATION	7:00 AM - 5:00 PM	SCHOOL AGE CAPACITY	3
				DAYS OF OPERATION	Mon-Fri	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS?	YES	NO	NEW ADDRESS	# UNDER 18 MTHS PRESENT	2	WEEKEND HOURS	No
		X		TOTAL CHILDREN PRESENT	2	NIGHT HOURS	No
TYPE OF INSPECTION	UNANNOUNCED INSPECTION - FULL			INSPECTOR'S NAME	Carmen Valenzuela		
PROVIDER'S EMAIL	vicenteherediavasquez@outlook.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>Agripina Ramirez</i> Signature of Provider/Substitute/Applicant						
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	
O	11. 5(i) NOTIFICATION OF CHANGE	Provider not in compliance with notifying the Office of a change of schedule when one child has been attending since January some evenings, and some Saturdays. No notification of change for weekend and evening hours had been submitted.

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
X	13. 6(b) MEDICAL STATEMENT	
	EXPIRATION DATE:	08/22/2026

X	14. 6(c)(1) FIRST AID CERTIFICATE	
	EXPIRATION DATE: 08/31/2027	
X	15. 6(c)(2) CPR CERTIFICATE	
	EXPIRATION DATE: 08/31/2027	
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:	Vicente Heredia Vasquez	Appvl #	91689
		Y	NAME:		Appvl #	
	PRESENT AT VISIT? Y					
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

O	21. 8a(a)-(f) BACKGROUND CHECK(S)	Provider not in compliance with maintaining evidence of compliance with background checks for a household member.
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. 9(a) CLEAN/SANITARY ENVIRONMENT	
X	23. 9(b) FREEDOM OF HAZARDS	
O	24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when observed an antifreeze container next to fence of play area. Corrected during the visit.
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	
		N	
		Y/N	
X	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS		
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN		
O	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG	Provider not in compliance with practicing quarterly emergency evacuation drills when observed log for 2025 with no drills after July, and next one was one in January 8, 2026. No other drills logged in.	
X	34. 9(d)(6) SMOKE DETECTORS		
X	35. 9(d)(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 OUTDOORS		
X	40. 9(f)(2) N/A? BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED	TYPE:	BARRIER:
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		
X	46. 9(h) WATER TEMPERATURE- 60°-120°		

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 observed the kit was missing an instant cold pack, and a roll of hypoallergenic adhesive tape.
X	51. 9(o) PET PROTECTION PETS?	TYPE of PETS:
	RABIES CERTS?	
X	52. 9(p) Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

O	53. 10(b)(1) ENROLLMENT FORM	Provider not in compliance with maintaining child enrollment form(s) for three children missing the form.
X	54. 10(b)(2) CHILD HEALTH RECORD	
O	55. 10(b)(2)(v)(I) IMMUNIZATIONS	Provider not in compliance with maintaining complete immunization records(s) for one child without only flu vaccine information on a summary of visit.
O	56. 10(b)(3)(B) EMERGENCY PERMISSION	Provider not in compliance with maintaining written parent permission for emergency medical care for three children without the permission.
O	57. 10(b)(3)(A) AUTHORIZED RELEASE	Provider not in compliance with maintaining written parent permission to authorize removal of child(ren) for 3 children without permission.
O	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL	Provider not in compliance with maintaining written parent permission for transportation of child(ren) for 3 children without permission.
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	
O	68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS	Provider not in compliance with maintaining individual, age-appropriate napping/resting provision for each child when observed a Moises with label indicating not to use with children who reached 3 months of age, that as per provider she has been using with an infant who is 6 and a half months. Corrected during visit. Continues after checklist.
O	69. 10(d) INDIVIDUAL PLAN FOR CARE	Provider not in compliance with developing and implementing a written individual plan of care for each child with disabilities or special health care needs for one child without only flu asthma and no individual plan of care.
X	70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
O	71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	Provider not in compliance with holding infants for bottle feedings when, as per provider, infant spilled the milk on the Moises' pad and she was going to wash it. When asked if the baby drinks from her bottle there, she said yes, but she likes to turn it and demonstrated shaking it, so she spills it.
X	72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING	
O	73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	Provider not in compliance with maintaining a snug fitting mattress covered with a tightly-fitted sheet when play yard had no fitted 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	


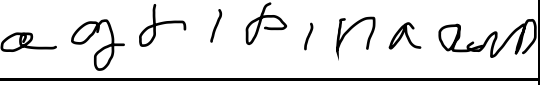
WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	14 out of 109
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DISCUSSIONS/COMMENTS

#68 Continuation __ Observed an infant swing and a baby bouncer chair, that as per provider she uses for the two children present to sleep on. Corrected during visit. Provider took out a foldable cot for the 15 months old child and requested a pack and play for the infant that it was brought to her during the inspection. __ Discussed written permission for transition from program to school bus and vice-versa.

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	AGRIPINA RAMIREZ	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: 05/14/2026	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