



**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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

<b>PROVIDER</b>	<b>MARIA D LOPEZ</b>			<b>LICENSE NUMBER</b>	<b>DCFH.56868</b>	<b>DATE OF INSPECTION</b>	<b>06/04/2026</b>
				<b>EXPIRATION DATE</b>	<b>10/31/2028</b>	<b>TIME OF INSPECTION</b>	<b>10:01 AM</b>
<b>ADDRESS</b>	<b>70 SCHUYLER AVE FL 2 STAMFORD  CT 06902-3720</b>			<b>TELEPHONE</b>	<b>(203) 273-6566</b>	<b>REGULAR CAPACITY</b>	<b>6</b>
				<b>HOURS OF OPERATION</b>	<b>7:00 AM - 6:00 PM</b>	<b>SCHOOL AGE CAPACITY</b>	<b>3</b>
				<b>DAYS OF OPERATION</b>	<b>Mon-Fri</b>	<b>SUMMER HOURS</b>	<b>Open</b>
<b>IS THIS A CHANGE OF ADDRESS?</b>	<b>YES</b>	<b>NO</b>	<b>NEW ADDRESS</b>	<b># UNDER 18 MTHS PRESENT</b>	<b>0</b>	<b>WEEKEND HOURS</b>	<b>No</b>
		<b>X</b>		<b>TOTAL CHILDREN PRESENT</b>	<b>8</b>	<b>NIGHT HOURS</b>	<b>No</b>
<b>TYPE OF INSPECTION</b>	<b>UNANNOUNCED INSPECTION - FULL</b>			<b>INSPECTOR'S NAME</b>	<b>Ana Sanchez</b>		
<b>PROVIDER'S EMAIL</b>	<b>lululopez203@gmail.com</b>			<b>INSPECTOR'S EMAIL</b>	<b>ana.m.sanchez@ct.gov</b>		
<b>KEY:</b>	<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>						
<b>COMPLIANT = X</b>	<i>Maria Lopez.</i>						
<b>NON-COMPLIANT = O</b>							
<i>Signature of Provider/Substitute/Applicant</i>							

**TERMS OF THE LICENSE 19a-87b-5**

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

**QUALIFICATION OF PROVIDER 19a-87b-6**

<b>X</b>	<b>12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS</b>	
<b>X</b>	<b>13. 6(b) MEDICAL STATEMENT</b>	
	<b>EXPIRATION DATE:</b>	<b>04/03/2028</b>

<b>X</b>	<b>14. 6(c)(1)</b> FIRST AID CERTIFICATE	
	EXPIRATION DATE: 01/24/2028	
<b>X</b>	<b>15. 6(c)(2)</b> CPR CERTIFICATE	
	EXPIRATION DATE: 01/24/2028	
<b>X</b>	<b>16. 6(e)</b> JUDGMENT	

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

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

**QUALIFICATIONS OF STAFF 19a-87b-8**

<b>X</b>	<b>19. 8(a)-(b)</b> SUBSTITUTE - ASSISTANT	Y/N	NAME:	Lucina Soriana	Appvl #	DCFS.91276
		Y	NAME:	Josue Navarrete	Appvl #	DCFS.91740
	PRESENT AT VISIT?					
	Y					
<b>X</b>	<b>20. 8(c)</b> EMERGENCY CAREGIVER					

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

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

<b>X</b>	<b>22. 9(a)</b> CLEAN/SANITARY ENVIRONMENT	
<b>X</b>	<b>23. 9(b)</b> FREEDOM OF HAZARDS	
<b>O</b>	<b>24. 9(c)</b> HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when the licensing specialist observed the door of an unlocked storage shed in the outdoor play area was open allowing children access to cleaning chemicals on the floor of the shed.
<b>X</b>	<b>25. 9(c)</b> BIO- CONTAMINANTS DISPOSED SAFELY	
<b>X</b>	<b>26. 9(d)(1)</b> SAFE STORAGE OF FLAMMABLES	
<b>X</b>	<b>27. 9(d)(2)</b> SAFE DOOR FASTENERS	
<b>X</b>	<b>28. 9(d)(3)</b> ELECTRICAL SAFETY	

<b>X</b>	<b>29. 9(d)(4)-(A)</b> <b>SAFE EXITS</b>					
<b>X</b>	<b>30. 9(d)(4)(A)</b> <b>BASEMENT SUPERVISION</b>	<b>Y/N</b>				
	<b>USED FOR CARE ?</b>	<b>Y/N</b> <b>N</b>				
<b>X</b>	<b>31. 9(d)(4)(D)</b> <b>STAIRWAYS - PROTECTED, HANDRAILS</b>					
<b>X</b>	<b>32. 9(d)(4)(E)-(5)</b> <b>EMERGENCY PLAN</b>					
<b>X</b>	<b>33. 9(d)(5)</b> <b>EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG</b>					
<b>X</b>	<b>34. 9(d)(6)</b> <b>SMOKE DETECTORS</b>					
<b>X</b>	<b>35. 9(d)(7)</b> <b>CARBON MONOXIDE DETECTOR</b>					
<b>X</b>	<b>36. 9(d)(8)</b> <b>FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED</b>					
<b>X</b>	<b>37. 9(d)(9)</b> N/A? <b>Y</b> <b>AUXILIARY HEATING SYSTEM</b>	<b>TYPE:</b>	<b>APPROVED?</b>			
<b>X</b>	<b>38. 9(e)</b> <b>SAFE STORAGE OF WEAPONS AND AMMUNITION</b>					
<b>X</b>	<b>39. 9(f)(1)-(2)</b> <b>SAFE SPACE- SUFFICIENT</b>					
	<table border="1"> <tr> <td><b>INDOORS</b></td> <td><b>OUTDOORS</b></td> </tr> <tr> <td>Yes</td> <td>Yes</td> </tr> </table>	<b>INDOORS</b>	<b>OUTDOORS</b>	Yes	Yes	
<b>INDOORS</b>	<b>OUTDOORS</b>					
Yes	Yes					
<b>X</b>	<b>40. 9(f)(2)</b> N/A? <b>Y</b> <b>BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED</b>	<b>TYPE:</b>	<b>BARRIER:</b>			
<b>X</b>	<b>41. 9(f)(3)</b> N/A? <b>Y</b> <b>HOT TUBS- LOCKED -INACCESSIBLE</b>					
<b>X</b>	<b>42. 9(g)</b> <b>VENTILATION, LIGHT AND TEMPERATURE- 65°</b>					
<b>X</b>	<b>43. 9(g)</b> <b>WINDOW SAFETY</b>					
<b>X</b>	<b>44. 9(h)</b> <b>WASHING TOILETING, SEWAGE GARBAGE FACILITIES</b>					
<b>X</b>	<b>45. 9(i)</b> <b>ADEQUATE AND SAFE WATER -</b>					
	<b>TYPE OF SYSTEM:</b> <b>Public Water</b>					
<b>X</b>	<b>46. 9(h)</b> <b>WATER TEMPERATURE- 60°-120°</b>					

<b>X</b>	<b>47. 9(i)</b> <b>PASTEURIZATION OF MILK SUPPLY</b>						
<b>X</b>	<b>48. 9(k)</b> <b>WORKING PHONE, EMERGENCY NUMBERS POSTED</b>						
<b>X</b>	<b>49. 9(l)</b> <b>SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS</b>						
<b>X</b>	<b>50. 9(m)-(n)</b> <b>FIRST AID KIT and SUPPLIES</b>						
<b>O</b>	<b>51. 9(o)</b> <b>PET PROTECTION</b>	TYPE of PETS: <b>4 dogs</b>					
	<table border="1"> <tr> <td>PETS?</td> <td>Y/N</td> <td>Y</td> </tr> <tr> <td>RABIES CERTS?</td> <td>Y/N</td> <td>Y</td> </tr> </table>	PETS?	Y/N	Y	RABIES CERTS?	Y/N	Y
PETS?	Y/N	Y					
RABIES CERTS?	Y/N	Y					
<b>X</b>	<b>52. 9(p)</b> <b>Smoking Prohibited</b>						

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<b>X</b>	<b>53. 10(b)(1)</b> <b>ENROLLMENT FORM</b>	
<b>O</b>	<b>54. 10(b)(2)</b> <b>CHILD HEALTH RECORD</b>	<b>Provider not in compliance with maintaining current child health record(s) when the licensing specialist observed 2 children whose child health records had expired over 30 days ago.</b>
<b>O</b>	<b>55. 10(b)(2)(v)(I)</b> <b>IMMUNIZATIONS</b>	<b>Provider not in compliance with maintaining current and complete immunization records when 2 enrolled children's immunization record expired over 30 days ago. The provider also failed to maintain evidence of flu vaccination for 2 enrolled children eligible for flu vaccination prior to 12/31/2025.</b>
<b>X</b>	<b>56. 10(b)(3)(B)</b> <b>EMERGENCY PERMISSION</b>	
<b>X</b>	<b>57. 10(b)(3)(A)</b> <b>AUTHORIZED RELEASE</b>	
<b>X</b>	<b>58. 10(b)(3)(C)-(D)-(F)</b> <b>FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL</b>	
<b>X</b>	<b>59. 10(b)(3)(E)</b> <b>SWIMMING PERMISSION</b>	
<b>X</b>	<b>60.10(b)(4)</b> <b>INCIDENT LOG</b>	
<b>X</b>	<b>61. 10(b)(5)</b> <b>CONFIDENTIALITY</b>	
<b>X</b>	<b>62. 10(c)</b> <b>MEETING THE CHILD'S NEEDS</b>	
<b>X</b>	<b>63.10(c)(1)</b> <b>SUFFICIENT PLAY EQUIPMENT</b>	

<b>X</b>	<b>64. 10(c)(2)</b> <b>GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE</b>	
<b>X</b>	<b>65. 10(c)(3)</b> <b>HANDWASHING</b>	
<b>X</b>	<b>66. 10(c)(4)</b> <b>FLEXIBLE AND BALANCED WRITTEN SCHEDULE</b>	
<b>X</b>	<b>67. 10(c)(6)</b> <b>PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES</b>	
<b>X</b>	<b>68. 10(c)(5)</b> <b>PROPER REST PROVISIONS – SAFE CRIBS</b>	
<b>X</b>	<b>69. 10(d)</b> <b>INDIVIDUAL PLAN FOR CARE</b>	
<b>X</b>	<b>70. 10(d)(1-2)</b> <b>CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES</b>	
<b>X</b>	<b>71. 10(e)</b> <b>INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS</b>	
<b>X</b>	<b>72. 10(f)(1)</b> <b>INFANTS PLACED ON BACK FOR SLEEPING</b>	
<b>X</b>	<b>73. 10(f)(1)</b> <b>INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET</b>	
<b>X</b>	<b>74. 10(f)(3)-(4)/(7)</b> <b>CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS</b>	
<b>X</b>	<b>75. 10(f)(5)</b> <b>INFANTS NOT SWADDLED</b>	
<b>X</b>	<b>76. 10(f)(6)</b> <b>INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES</b>	
<b>X</b>	<b>77. 10(f)(8)</b> <b>REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED</b>	
<b>X</b>	<b>78. 10(g)</b> <b>DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL</b>	
<b>X</b>	<b>79. 10(h)(1)-(9)-(11)</b> <b>PARENT INFORMATION AND ACCESS</b>	
<b>X</b>	<b>80. 10(h)(10)</b> <b>DEVELOPMENTAL MILESTONES – POSTED</b>	

<b>X</b>	<b>81. 10(i)</b> SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
<b>X</b>	<b>82. 10(i)(1)</b> PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
<b>X</b>	<b>83. 10(i)(2)</b> FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
<b>X</b>	<b>84. 10(i)(3)</b> IMMEDIATE ATTENTION	
<b>X</b>	<b>85. 10(i)(4)</b> SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
<b>X</b>	<b>86. 10(j)</b> APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
<b>X</b>	<b>87. 10(j)(2)</b> DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
<b>X</b>	<b>88. 10(k)(1)</b> CHILD PROTECTION- ABUSE/NEGLECT	
<b>X</b>	<b>89. 10(k)(2)(A-B)</b> NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
<b>X</b>	<b>90. 10(k)(3)</b> MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

### SICK CHILD CARE 19a-87b-11

<b>X</b>	<b>91. 11(a)(1)-(3)</b> SICK CHILD CARE	
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### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

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

<b>X</b>	<b>93. 13(a)-(f)</b> ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

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

**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

<b>X</b>	<b>108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING</b>	
<b>X</b>	<b>109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED</b>	

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

**ADDITIONAL VIOLATIONS**

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

<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>4 out of 110</b>
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**DISCUSSIONS/COMMENTS**

The licensing specialist observed 1 enrolled child missing the name and contact information of someone authorized to release the child from care on behalf of the child's parents. The licensing specialist discussed the regulation requiring licensed providers to maintain this information for all enrolled children.

The licensing specialist observed 1 enrolled child missing an indication from parents in writing if the provider can transport their child. The licensing specialist discussed the regulation requiring licensed providers to maintain this information for all enrolled children.

The licensing specialist provided the provider with 8 child enrollment and written permission forms, a sample medication administration policy, 5 nonprescription topical medication forms, 1 checklist for maintaining regulatory compliance, 1 individual plan of care form, 1 updated infant safe sleep policy, 1 list of emergency telephone numbers form, 1 BCIS flyer, 2 adult medical statement forms, 1 Birth to Three flyer, 1 notification of change form, and 1 change of address application. Most printed resources were provided in Spanish.

The provider shared plans to possibly move to another location. The licensing specialist thoroughly reviewed regulations regarding nontransferability of license, notification of change forms, and the change of address application.


The licensing specialist observed a household member with current background checks and a valid adult medical statement assisting the provider and 1 OEC-approved substitute with supervision of children outdoors. The licensing specialist discussed ensuring that supervision and care of children remain the responsibilities solely of OEC-approved staff. The licensing specialist agreed to send a staff application to the provider via email.

**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	<i>Ana Sanchez</i>	<i>Maria Lopez</i>	Signature of Provider/ Substitute
Printed Name	<b>Ana Sanchez</b>	<b>MARIA D LOPEZ-i8o</b>	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.</b>	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	

	Written Corrective Action Plan due by: <b>06/18/2026</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
OEC Representative's Email: <b>ana.m.sanchez@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>	