

# Connecticut Office of Early Childhood

## Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

### FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL    UNANNOUNCED FULL/PARTIAL    FOLLOW UP    LOCATION CHANGE    OTHER

<b>Provider:</b> <i>Noemi Perez Martinez</i>	License Number: <i>56770</i>	Date of Inspection: <i>6/23/22</i>
<b>Address:</b> <i>105 Judson Ave.</i>	Expiration Date: <i>3/31/24</i>	Time of Inspection: <i>9:12am</i>
	Capacity: <i>6+3</i>	Days/Hours: <i>M-F 7:00am-5:00pm</i>
<b>Town:</b> <i>New Haven</i>	Telephone: <i>203 535 3870</i>	Summer: <input checked="" type="checkbox"/> Open/Closed
<b>State/Zip Code:</b> <i>CT 06511</i>	Email: <i>cabresamattjay21@aol.com</i>	

Instructions:  = Compliance/No violation found    = Non-compliance/Violation found   N/A = Not applicable at this time

*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).

*x Noemi Perez*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

#### Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 1
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 0
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

#### Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 10/3/22
- 14. First Aid Certificate-Exp. Date 8/1/22
- 15. CPR Certificate- Exp. Date 8/1/22
- 16. Judgment

#### Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

#### Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N)
- 20. Emergency Caregiver

#### Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

#### Physical Environment 19a-87b-9

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type: \_\_\_\_\_ Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient  
Indoor  Outdoor
- 40. Body of Water (Y/N) Type: \_\_\_\_\_ Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public/Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N) -Type: 2 dogs Rabies Certificate(s)
- 52. Smoking Prohibited

#### Responsibilities of Provider 19a-87b-10

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

**APPLICANTS- PLEASE NOTE:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

<b>(Signature of OEC Representative)</b> <i>Carmen E. Latorre</i>	<b>Date Corrections Due By:</b> <i>7/7/22</i>	<b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b> <i>x Noemi Perez</i>
<b>(Printed Name)</b> <i>Carmen E. Latorre</i>		<b>(Printed Name)</b> <i>x Noemi Perez</i>

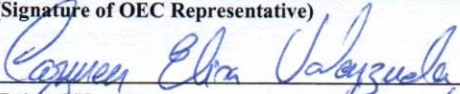
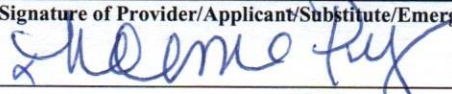
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### FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

<b>Provider:</b> <u>Noemi Perez Rodriguez</u>	<b>License Number:</b> <u>56770</u>	<b>Date of Inspection:</b> <u>6/23/22</u>
<b>Responsibilities of Provider 19a-87b-10 (continued)</b> <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF  <b>Sick Child Care 19a-87b-11</b> <input checked="" type="checkbox"/> 91. Sick Child Care  <b>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</b> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear	<b>Office Access, Inspections and Investigations 19a-87b-13</b> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records  <b>Administration of Medications 19a-87b-17</b> <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results  <b>Additional Violations</b> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
<b>Discussions/Comments:</b> <p>#20 Observed no background check completed for one household member.</p> <p>#35 Observed one Carbon Monoxide detector not working.</p> <p>#51 Observed one expired Rabies Certificate. send current one with the corrective Action Plan.</p> <p>#53 Observed one child without enrollment form</p> <p>#54 Observed one missing health record. Send copy to the Office</p> <p>#55 Observed one missing vaccine record. Send copy to Office.</p>		
<b>APPLICANTS- PLEASE NOTE:</b> You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.		
(Signature of OEC Representative)  (Printed Name) Carmen E Valenzuela	Date Corrections Due By: 7/7/22	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) Noemi Perez

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Noemi Teresa Padinez License # 56770 Date: 6/23/22

Observations/Corrections needed:

# 56 Observed no emergency permissions for one child

# 57 Observed no authorized release for one child.

# 58 Observed no permissions for field trips, activities and transportation.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: *Carmen E. Viqueza*  
(OEC Representative)  
 Print Name: Carmen E. Viqueza

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *x Noemi Perez*  
(Person in Charge)  
 Print Name: x Noemi Perez

OEC BY: 7/7/22