

# 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>Carmen Miriam Martinez</i>	<b>License Number:</b> <i>56114</i>	<b>Date of Inspection:</b> <i>6/2/2023</i>
<b>Address:</b> <i>172 George Street</i>	<b>Expiration Date:</b> <i>3/3/2024</i>	<b>Time of Inspection:</b> <i>8:45am</i>
<b>Town:</b> <i>Hartford</i>	<b>Capacity:</b> <i>6+3</i>	<b>Days/Hours:</b> <i>Sun-Sat 6<sup>30</sup>am-10<sup>00</sup>pm</i>
<b>State/Zip Code:</b> <i>CT 06114-2822</i>	<b>Telephone:</b> <i>860-207-8142 860-616-8873</i>	<b>Summer:</b> <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
<b>Email:</b> <i>miriamc167@hotmail.com</i>		

**Instructions:** ✓ = Compliance/No violation found   O = 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).*

*[Signature]*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- 4. Capacity: Total # Children Present: 6
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 2
- 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 3/8/2025
- 14. First Aid Certificate-Exp. Date 3/4/2024
- 15. CPR Certificate- Exp. Date 3/4/2024
- 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: 2cats 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.**

<i>[Signature]</i> (Signature of OEC Representative)	<b>Date Corrections Due By:</b> <i>6/16/2023</i>	<i>[Signature]</i> (Signature of Provider/Applicant/Substitute/Emergency Caregiver)
<i>Ercy Vicente-Quirones / Lucy Ponce</i> (Printed Name)		<i>Carmen Miriam Martinez</i> (Printed Name)

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

<b>Provider:</b> <i>Carmen Miriam Martinez</i>	<b>License Number:</b> <i>56116</i>	<b>Date of Inspection:</b> <i>6/2/2023</i>
<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	

**Discussions/Comments:**

*#21 provider does not have evidence of a comprehensive background check to demonstrate at time of DEC visit. - located during exit interview*

*#23 observed siding & gutters lying against wall in outdoor area accessible to children while they played outside during visit. observed rusty pipe on playground*

*#24 observed lysol sprays, simple green, disinfectant spray, cleaning agent, laundry detergent accessible to children throughout first floor where children were located upon arrival as well as in child care area in basement level.*

*#28 observed outlets unprotected; observed electrical cords unsecured*

*#31 observed stairs accessible to children that lead up to upper level of home.*

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

(Signature of OEC Representative) <i>Evelyn Vicente-Quinones</i>	Date Corrections Due By: <i>6/16/2023</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Carmen Miriam Martinez</i>
(Printed Name) <i>Evelyn Vicente-Quinones</i>	(Printed Name) <i>Carmen Martinez</i>	

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carmen Miriam Martinez License # 56116 Date: 6/2/2023

## Observations/Corrections needed:

- # 32 observed missing emergency plan (falta plan de emergencia)
- # 34 observed smoke detectors not operating on two of the three levels of the home (detectores de humo)
- # 35 observed carbon monoxide detector in home not operable (monoxido de carbon)
- # 53 observed missing enrollment form for 1 child (hoja de matricula)
- # 54 observed missing child health record for 1 child (record de salud)
- # 55 observed missing immunizations record for 2 children (vacunas)
- # 56 observed missing emergency <sup>(permiso de emergencia)</sup> permission for 1 child (permiso de recoger)
- # 57 observed missing authorized telegraph information for 1 child (documentación de incidentes/observaciones)
- # 60 observed missing incident logs for 8 out of 9 children
- # 67 per provider children do not have personal articles of individual bedding for nap-time (artículos personales)
- # 69 provider did not implement individual care plan as prescribed by child's health care provider to administer diphenhydramine by not having said medication on-site. (plan de cuidado no implementado por no tener medicamento disponible)
- # 73 observed infant sleeping equipment with a mattress that does not have <sup>tightly</sup> fitted sheet while infant took a nap (sábana no ajustada)
- # 74 observed 2 stuffed toys in infants sleeping area - provider removed during visit (peluches en el cuna)
- # 78 observed handwashing procedures not followed after diaper changing - no hand washing (lavado de manos - procedimientos no seguidos)
- # 81 observed provider walk away from diaper changing table

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: Evelyn Vicente Quiñones  
(OEC Representative)  
Print Name: Evelyn Vicente Quiñones / Jerry Quiñones

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Carmen Martinez  
(Person in Charge)  
Print Name: Carmen MartinezOEC BY: 6/16/2023

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carmen Miriam Martinez License # 56116 Date: 6/2/2023

Observations/Corrections needed:

while child (1 year old 3 days) was on table (se alejo de area inmediata cuando cambio pañal y niña todavía acostada en la mesa de cambio) #100 observed incomplete written authorized on file for epipen observed <sup>en</sup> missing and diphenhydramine (formulario incompleto)

Discussions

- litter box in back porch - change frequently (cambiar frecuentemente)
- scissors (2) made inaccessible during visit
- 2 screws made inaccessible during visit
- visit was conducted in Spanish (provider's primary language)
- violations discussed in Spanish; provider stated household member(s) read and understand English. CAP requirements discussed in Spanish and provider may respond in Spanish - OEC will translate CAP if needed.
- per provider request Exit interview completed at 2:21 PM

Continued

#69 observed missing asthma care plan for 2 children enrolled both present during today's OEC visit.

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Signature: [Signature]  
(OEC Representative)  
Print Name: Evelyn V. Quinones / Tony Benji

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/16/2023

Signature: [Signature]  
(Person in Charge)  
Print Name: CARMEN M MARTINEZ