



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MARTHA A JIMENEZ			License Number	DCFH.57325	Date of Inspection	01/31/2024
				Expiration Date	3/31/2028	Time of Inspection	01:18 PM
Address	9 FRENCH AVE EAST HAVEN CT 06512-3315			Telephone	(475) 209-6959	Regular Capacity	6
				Days and Hours	Monday-Friday 5AM-10PM	School Age Capacity	3
# Children Present	5	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	2-3 Month Unannounced Partial Inspection for Safe Sleep Violation Cited during Full Inspection			Name of Inspector	Melina Perez		
Provider's Email	matujj09@hotmail.com			Inspector's Email	melina.perez@ct.gov		

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).

Melina Perez

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

--	--	--

Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-10(c)(5)]	068-Proper Rest Provisions/Safe Cribs	

--	--	--

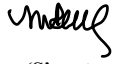


<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
-------------------	---

Discussions:

A partial unannounced inspection was completed today. Provider and staff are still in compliance with regulation #68. No mattress inserts or any other observable hazards were observed in the pack n play that is used for napping an infant.
 Substitute DCFS.92300 was present during today's partial as provider was called to pick up her child moments before the specialists arrival. Provider and staff confirmed this

Comments:

NOTE: Items left blank on this form were not monitored during this visit.
 Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Melina Perez (Printed Name)	Melina Perez (Printed Name)		MARTHA A JIMENEZ (Printed Name)