



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

|   |  |   |                                    |   |                           |                                    |                            |            |
|---|--|---|------------------------------------|---|---------------------------|------------------------------------|----------------------------|------------|
| <b>Provider</b>                                   | MARIA MARTINEZ   |   |                                    |   | <b>License Number</b>     | DCFH.56590                         | <b>Date of Inspection</b>  | 02/02/2024 |
|   |  |   |                                    |   | <b>Expiration Date</b>    | 2/28/2027                          | <b>Time of Inspection</b>  | 09:12 AM   |
| <b>Address</b>                                    | 18 ORCHARD TER<br>EAST HARTFORD CT 06108-2127  |   |                                    |   | <b>Telephone</b>          | (860) 977-7628                     | <b>Regular Capacity</b>    | 6          |
|   |  |   |                                    |   | <b>Days and Hours</b>     | MONDAY - FRIDAY 7 AM<br>- 5:30 PM. | <b>School Age Capacity</b> | 3          |
| <b>Is this a Change of Address?</b>               | <b>Yes?</b>  |   | <b>No?</b>                         | X |                           |                                    | <b>Summer Care</b>         | Open       |
| <b>New Address</b>                                |  |   |                                    |   | <b>Type of Inspection</b> | UNANNOUNCED INSPECTION - FULL      |                            |            |
|   | <b># of Infants - Toddlers Present</b>   | 1 | <b># of Total Children Present</b> | 3 | <b>Inspector's Name</b>   | Jannie Thornton                    |                            |            |
| <b>Provider's Email</b>                           | UNIK1208@YAHOO.COM   |   |                                    |   | <b>Inspector's Email</b>  | jannie.thornton@ct.gov             |                            |            |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O | <b>Consent to Inspect:</b> 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).<br><i>Maria Martinez</i><br>Signature of Provider/Substitute/Applicant |   |                                    |   |                           |                                    |                            |            |

### TERMS OF REGISTRATION 19a-87b-5

|   |                                      |          |
|---|--------------------------------------|----------|
| X | 4. Capacity                          |          |
| X | 5. Non-transferability of license    | Pending? |
| X | 6. Infant/Toddler Restriction        |          |
| X | 7. License Posted                    |          |
| X | 8. Parent Access to OEC Phone Number |          |
| X | 9. Photo ID                          |          |
| X | 10. Requests for Information         |          |
| X | 11. Notification of Change           |          |

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

|   |  |            |
|---|--|------------|
| X | 12. Awareness of, Understanding of Regulations |            |
| X | 13. Medical statement                          |            |
|   | Expiration date:                               | 04/10/2025 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 05/21/2025 |

|   |                                |  |
|---|--------------------------------|--|
| X | 15. CPR Certificate            |  |
|   | Expiration date:<br>05/21/2025 |  |
| X | 16. Judgment                   |  |

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

|   |                           |  |
|---|---------------------------|--|
| X | 17. Medical Statement     |  |
| X | 18. Household Environment |  |

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

|   |                             |     |  |
|---|-----------------------------|-----|--|
| X | 19. Substitute or Assistant | Y/N |  |
|   | Type of Staff :             | N   |  |
| X | 20. Emergency Caregiver     |     |  |

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

|                       |                         |   |
|-----------------------|-------------------------|---|
| <input type="radio"/> | 21. Background Check(s) | Failed to maintain evidence of compliance, of a completed background check. |
|-----------------------|-------------------------|---|

### PHYSICAL ENVIRONMENT 19a-87b-9

|   |   |     |  |
|---|---|-----|--|
| X | 22. Clean/Sanitary Environment                |     |  |
| X | 23. Freedom of Hazards                        |     |  |
| X | 24. Harmful Substances/Materials Inaccessible |     |  |
| X | 25. Bio-contaminants Disposed Safely          |     |  |
| X | 26. Safe Storage of Flammables                |     |  |
| X | 27. Safe Door Fasteners                       |     |  |
| X | 28. Electrical Safety                         |     |  |
| X | 29. Safe Exits                                |     |  |
| X | 30. Basement Supervision                      | Y/N |  |
|   |   | Y   |  |
| X | Used for Care ?                               | Y/N |  |
|   |   | N   |  |
| X | 31. Stairways - Protected, Handrails          |     |  |
| X | 32. Emergency Plan                            |     |  |

|  |  |                             |   |
|--|--|-----------------------------|---|
| X  | 33. Emergency Evacuation Drills - Quarterly/Log                  |                             |   |
| X  | 34. Smoke Detectors  |                             |   |
| X  | 35. Carbon Monoxide Detector                                     |                             |   |
| X  | 36. Fire Extinguisher- 5 lb. ABC/Installed                       |                             |   |
| X  | 37. Auxiliary Heating System N<br>Type?                          | Appvd?                      |   |
| X  | 38. Safe Storage of Weapons and Ammunition                       |                             |   |
| X  | 39. Safe Space-Sufficient<br>Indoors   Outdoors                  |                             |   |
| X  | 40. Body of Water-Type:<br>Barrier?                              | Y/N<br>N                    |   |
| X  | 41. Hot Tubs-Locked - Inaccessible                               | Y/N<br>N                    |   |
| X  | 42. Ventilation, Light and Temperature- 65°                      |                             |   |
| X  | 43. Window Safety  |                             |   |
| X  | 44. Washing Toileting, Sewage Garbage Facilities                 |                             |   |
| X  | 45. Adequate and Safe Water -<br>Type of System:<br>Public Water |                             |   |
| X  | 46. Water Temperature- 60°-120°                                  |                             |   |
| X  | 47. Pasteurization of Milk Supply                                |                             |   |
| X  | 48. Working Phone, Emergency Numbers Posted                      |                             |   |
| X  | 49. Safe Transportation Registered, Insured, Restraints          |                             |   |
| X  | 50. First Aid supplies   |                             |   |
| O  | 51. Pet protection<br>Pets?<br>Rabies Certs?                     | Type: Dog and cat<br>Y<br>N | Failed to maintain current rabies vaccination certificate on the cat. |
| X  | 52. Smoking Prohibited   |                             |   |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |  |                             |   |
| X  | 53. Enrollment Form  |                             |   |

|                                     |   |   |
|-------------------------------------|---|---|
| <input type="radio"/>               | <b>54. Child Health Record</b>  | Failed to maintain child health record(s) for 2 children. |
| <input checked="" type="checkbox"/> | <b>55. Immunizations</b>  |   |
| <input checked="" type="checkbox"/> | <b>56. Emergency Permission</b>   |   |
| <input checked="" type="checkbox"/> | <b>57. Authorized Release</b>   |   |
| <input checked="" type="checkbox"/> | <b>58. Field Trip and Transportation Permission-To/From School</b>              |   |
| <input checked="" type="checkbox"/> | <b>59. Swimming Permission</b>  |   |
| <input checked="" type="checkbox"/> | <b>60. Incident Log</b>   |   |
| <input checked="" type="checkbox"/> | <b>61. Confidentiality</b>  |   |
| <input checked="" type="checkbox"/> | <b>62. Meeting the Child's Needs</b>  |   |
| <input checked="" type="checkbox"/> | <b>63. Sufficient Play Equipment</b>  |   |
| <input checked="" type="checkbox"/> | <b>64. Good Nutrition- Meals/Snacks, Water Available</b>                        |   |
| <input checked="" type="checkbox"/> | <b>65. Handwashing</b>  |   |
| <input checked="" type="checkbox"/> | <b>66. Flexible and Balanced Written Schedule</b>                               |   |
| <input checked="" type="checkbox"/> | <b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>                   |   |
| <input checked="" type="checkbox"/> | <b>68. Proper Rest Provisions – Safe Cribs</b>                                  |   |
| <input checked="" type="checkbox"/> | <b>69. Individual Plan for Care (Written if Applicable)</b>                     |   |
| <input checked="" type="checkbox"/> | <b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>               |   |
| <input checked="" type="checkbox"/> | <b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>               |   |
| <input checked="" type="checkbox"/> | <b>72. Infants Placed on Back for Sleeping</b>                                  |   |
| <input checked="" type="checkbox"/> | <b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b> |   |

|  |  |  |
|--|--|--|
| X  | 74. Crib or Other Provision Free from Observable Hazards             |  |
| X  | 75. Infants not Swaddled   |  |
| X  | 76. Infants Supervised – minimum every 15 minutes                    |  |
| X  | 77. Req. for Sleep Arrangements Posted/Discussed                     |  |
| X  | 78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal |  |
| X  | 79. Parent Information and Access                                    |  |
| X  | 80. Developmental Milestones – Posted                                |  |
| X  | 81. Supervision- at all Times, Indoors, Outdoors                     |  |
| X  | 82. Personal Schedule- Alert, Competent Attention                    |  |
| X  | 83. Full Attention - Distractions, Employment, Socialization         |  |
| X  | 84. Immediate Attention  |  |
| X  | 85. Substitute – Emergency Caregiver Present                         |  |
| X  | 86. Appr. Discipline, Behavior Management                            |  |
| X  | 87. Discuss Beh. Management Methods w/Staff and Parents              |  |
| X  | 88. Child Protection- Abuse/Neglect                                  |  |
| X  | 89. Notify OEC within 24 hrs. - Death or Serious Injury              |  |
| X  | 90. Mandated Reporting Abuse or Neglect to DCF                       |  |
| <b>SICK CHILD CARE 19a-87b-11</b>  |  |  |
| X  | 91. Sick Child Care  |  |
| <b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12<br/>(10pm to 5am)</b> |  |  |
| X  | 92. Separate Bed- Location of Bed - Appropriate Sleepwear            |  |

## OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>93. Access- Immediate, Entire or Part of Facility and Records</b> |  |
|----------|--|--|

Are Medications Administered?

N

### ADMINISTRATION OF MEDICATIONS 19a-87b-17

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>94. Policies and Procedures for Admin of Meds</b>          |  |
| <b>X</b> | <b>95. Parent Permission for Nonprescription Topical Meds</b> |  |
| <b>X</b> | <b>96. Notification - Documentation of Med Error(s)</b>       |  |
| <b>X</b> | <b>97. Nonprescription Topical Meds- Stored/Labeled</b>       |  |
| <b>X</b> | <b>98. Unused - Expired Nonprescription Meds</b>              |  |
| <b>X</b> | <b>99. Documented Medication Trained Staff</b>                |  |
| <b>X</b> | <b>100. Written Auth Prescriber/Parent Permission</b>         |  |
| <b>X</b> | <b>101. MAR Maintained</b>                                    |  |
| <b>X</b> | <b>102. Prescription Meds – Stored/Labeled</b>                |  |
| <b>X</b> | <b>103. Unused/Expired Prescription Meds</b>                  |  |
| <b>X</b> | <b>104. Emergency Meds- Equip. Labeled/Current</b>            |  |
| <b>X</b> | <b>105. Self-Admin. Of Meds</b>                               |  |
| <b>X</b> | <b>106. Petition for Special Medication Authorization</b>     |  |

Child with diabetes enrolled?

N

### MONITORING OF DIABETES 19a-87b-18

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>108. Policies for Finger Stick Blood Glucose Testing</b>                    |  |
| <b>X</b> | <b>109. Finger Stick Blood Glucose Testing - Staff Trained</b>                 |  |
| <b>X</b> | <b>110. Self Admin of Finger Stick Blood Glucose Testing</b>                   |  |
| <b>X</b> | <b>111. Testing Equip. &amp; Supplies- Maintain, Labeled, Locked, Disposed</b> |  |
| <b>X</b> | <b>112. Finger Stick Blood Glucose Testing Records</b>                         |  |

