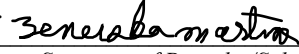



**DIVISION OF LICENSING**

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**

Provider	ZENEYDA MARTINEZ				License Number	DCFH.57303	Date of Inspection	03/18/2025
					Expiration Date	1/31/2028	Time of Inspection	02:35 PM
Address	61 JUNIPER RD BETHEL CT 06801-1812				Telephone	(475) 777-6784	Regular Capacity	6
					Hours of Operation	7:00 AM 6:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	2	Weekend Hours	No
					Total children present	7	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Janarish Lopez		
Provider's Email	Zeneydam2@gmail.com				Inspector's Email	janarish.lopez@ct.gov		
Key: Compliant = X Non-Compliant = O		<u>Consent to Inspect:</u> 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 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:	08/21/2027
X	14. First Aid Certificate	
	Expiration date:	01/27/2027

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	01/27/2027	
<b>X</b>	16. Judgment	

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

<b>X</b>	17. Medical Statement	
<b>X</b>	18. Household Environment	

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

<b>X</b>	19. Sub/Assistant	Y/N	Name: Yocasta Perez	Appvl #	Dcfs:92561
	Type of Staff :	Y			
	Substitute				
	20. Emergency Caregiver				

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

<b>X</b>	21. Background Check(s)	
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### PHYSICAL ENVIRONMENT 19a-87b-9

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

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



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

	53. Enrollment Form	
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	54. Child Health Record	
	55. Immunizations	
	56. Emergency Permission	
	57. Authorized Release	
	58. Field Trip and Transportation Permission-To/From School	
	59. Swimming Permission	
	60. Incident Log	
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
O	65. Handwashing	Didn't observe the provider's, staff and children's hands washed with soap and water before eating or handling food
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
X	69. Individual Plan for Care (Written if Applicable)	
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

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

**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13****X**93. Access-  
Immediate, Entire  
or Part of Facility  
and Records**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?****N**94. Policies and  
Procedures for  
Admin of Meds95. Parent  
Permission for  
Nonprescription  
Topical Meds96. Notification -  
Documentation of  
Med Error(s)97.  
Nonprescription  
Topical Meds-  
Stored/Labeled98. Unused -  
Expired  
Nonprescription  
Meds99. Documented  
Medication  
Trained Staff100. Written Auth  
Prescriber/Parent  
Permission101. MAR  
Maintained102. Prescription  
Meds -  
Stored/Labeled103.  
Unused/Expired  
Prescription Meds104. Emergency  
Meds- Equip.  
Labeled/Current105. Self-Admin.  
Of Meds106. Petition for  
Special  
Medication  
Authorization**MONITORING OF DIABETES 19a-87b-18**Child with diabetes enrolled? **N**108. Policies for  
Finger Stick Blood  
Glucose Testing109. Finger Stick  
Blood Glucose  
Testing - Staff  
Trained110. Self Admin of  
Finger Stick Blood  
Glucose Testing111. Testing  
Equip. &  
Supplies-  
Maintain,  
Labeled, Locked,  
Disposed

	112. Finger Stick Blood Glucose Testing Records	
	113. Parent Notification of Test Results	
<b>ADDITIONAL VIOLATIONS</b>		
	114. Consent Order - Negotiated Corrective Action Plan	N/A?  <b>X</b>
<b>YES or NO?</b> <b>Yes</b>	<b>Were Violations Cited during this visit?</b>	<b>Total Number of Violations this visit:</b> <b>2</b>
<b>DISCUSSIONS/COMMENTS</b>		
Reviewed/ discussed the proper diaper changing policy with provider and staff along with hand washing regulations before eating.		
<b>IMPORTANT NOTES</b>		
<ul style="list-style-type: none"> <li>○ It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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.</li> <li>○ Only the regulations marked as compliant or non-compliant were monitored or discussed.</li> <li>○ <b>APPLICANTS</b> –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</li> </ul>		
 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY: <b>04/01/2025</b>
<b>Janarish Lopez</b> (Printed Name)	(Printed Name)	 (Signature of Provider/Applicant/Substitute) <b>ZENEYDA MARTINEZ</b> (Printed Name)

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