


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 Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	JASMIN MARRERO				License Number	DCFH.57427	Date of Inspection	04/01/2025
					Expiration Date	12/31/2028	Time of Inspection	12:01 PM
Address	29 FOLS AVE MERIDEN CT 06450-2421				Telephone	(203) 443-0409	Regular Capacity	6
					Hours of Operation	6:00 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	4	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Patty Tyburski		
Provider's Email	Jazenid@gmail.com				Inspector's Email	patricia.tyburski@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). <i>J. Russell</i> <div style="text-align: right;">_____ Signature of Provider/Substitute/Applicant</div>							

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	
O	13. Medical statement Expiration date: 03/30/2025	Failed to maintain current medical statement(s).
X	14. First Aid Certificate Expiration date: 05/10/2026	

X	15. CPR Certificate	
	Expiration date:	
	05/10/2026	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

O	17. Medical Statement	Failed to maintain current medical statement(s), for all household members.
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Sub/Assistant	Y/N	Name:	Krystal Ortega & Milagros Rios	Appvl #	95613 & 95616
	Type of Staff :					
	Substitute	Y				
X	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

O	21. Background Check(s)	Failed to ensure comprehensive background check(s) have been conducted, provider's prints are not current.
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment		
X	23. Freedom of Hazards		
O	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children, some cabinets in the kitchen containing cleaning supplies are accessible when children are upstairs for lunch.	
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	
	Used for Care ?	Y/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 Type?	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient Indoors Outdoors Y Y		
X	40. Body of Water- Type: In-ground pool Barrier?	Y/N Y Y	
X	41. Hot Tubs- Locked - Inaccessible	Y/N 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 - Type of System: 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		
○	50. First Aid supplies	Failed to maintain at least one portable, readily accessible first aid kit; observed kit to be missing most required items. List was provided.	
○	51. Pet protection	Type: 1 dog	
	Pets? Rabies Certs?	Y N	Failed to maintain current rabies vaccination certificate(s)
X	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

○	53. Enrollment Form	Failed to maintain child enrollment form(s), did not observe enrollment information for 1 enrolled child, and providers 3 children under the age of 12.
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<input type="radio"/>	54. Child Health Record	Failed to maintain complete child health record(s), observed child's physician did not complete physical for if asthma medication is needed at child care program.
<input checked="" type="radio"/>	55. Immunizations	
<input type="radio"/>	56. Emergency Permission	Failed to maintain complete emergency care information; did not observe permission forms for 2 enrolled children and providers 3 children under the age of 12.
<input checked="" type="radio"/>	57. Authorized Release	
<input checked="" type="radio"/>	58. Field Trip and Transportation Permission-To/From School	
<input checked="" type="radio"/>	59. Swimming Permission	
<input checked="" type="radio"/>	60. Incident Log	
<input checked="" type="radio"/>	61. Confidentiality	
<input checked="" type="radio"/>	62. Meeting the Child's Needs	
<input checked="" type="radio"/>	63. Sufficient Play Equipment	
<input checked="" type="radio"/>	64. Good Nutrition-Meals/Snacks, Water Available	
<input checked="" type="radio"/>	65. Handwashing	
<input checked="" type="radio"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="radio"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="radio"/>	68. Proper Rest Provisions – Safe Cribs	
<input checked="" type="radio"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="radio"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="radio"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="radio"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="radio"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

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	
SICK CHILD CARE 19a-87b-11		
X	91. Sick Child Care	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
X	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	
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?

X	94. Policies and Procedures for Admin of Meds	
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X	95. Parent Permission for Nonprescription Topical Meds	
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X	96. Notification - Documentation of Med Error(s)	
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X	97. Nonprescription Topical Meds- Stored/Labeled	
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X	98. Unused - Expired Nonprescription Meds	
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X	99. Documented Medication Trained Staff	
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X	100. Written Auth Prescriber/Parent Permission	
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X	101. MAR Maintained	
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X	102. Prescription Meds - Stored/Labeled	
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X	103. Unused/Expired Prescription Meds	
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X	104. Emergency Meds- Equip. Labeled/Current	
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X	105. Self-Admin. Of Meds	
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X	106. Petition for Special Medication Authorization	
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MONITORING OF DIABETES 19a-87b-18Child with diabetes enrolled? **N**

X	108. Policies for Finger Stick Blood Glucose Testing	
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X	109. Finger Stick Blood Glucose Testing - Staff Trained	
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X	110. Self Admin of Finger Stick Blood Glucose Testing	
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X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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X	112. Finger Stick Blood Glucose Testing Records	
X	113. Parent Notification of Test Results	

ADDITIONAL VIOLATIONS

	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	



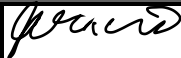
YES or NO?	Were Violations Cited during this visit?	Total Number of Violations this visit:	9
Yes			

DISCUSSIONS/COMMENTS**Discussed:**

Pool Gate is not self closing self latching so key or combo lock must be securing it, even with protective pool cover. Must have a gate at the bottom of the stairs outside when children are playing outside.
 Log fire drills completed and documented 4x's per year and maintain previous years log for inspections.
 Post sleep requirements for infants; document was provided.
 Emergency evacuation plan, alternate evacuation site must be out of the neighborhood if relocation is required.
 Posting parent emergency numbers in childcare space, for emergency access.

IMPORTANT NOTES

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances 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.
- 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 Provider/Applicant/Substitute)
Patty Tyburski (Printed Name)	 (Printed Name)	04/15/2025	JASMIN MARRERO (Printed Name)

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