



**FAMILY CHILD CARE HOME – INVESTIGATION**

|                                 |  |                                  |                           |                          |                            |                      |      |
|---------------------------------|--|----------------------------------|---------------------------|--------------------------|----------------------------|----------------------|------|
| <b>Provider</b>                 | MARTA LEE CHIQUITO                           |                                  | <b>License Number</b>     | DCFH.57716               | <b>Date of Inspection</b>  | 09/09/2025           |      |
|                                 |  |                                  | <b>Expiration Date</b>    | 9/30/2026                | <b>Time of Inspection</b>  | 01:23 PM             |      |
| <b>Address</b>                  | 344 PATTERSON AVE<br>STRATFORD CT 06614-5123 |                                  | <b>Telephone</b>          | (914) 893-1657           | <b>Regular Capacity</b>    | 6                    |      |
|                                 |  |                                  | <b>Hours of Operation</b> | 7:00 AM – 5:30 PM        | <b>School Age Capacity</b> | 3                    |      |
| <b># Children Present</b>       | 7  | <b># Under 18 months present</b> | 1                         | <b>Days of Operation</b> | Mon-Fri                    | <b>Summer Hours</b>  | Open |
| <b>Purpose of Investigation</b> | Investigation Case 2025-943                  |                                  | <b>Name of Inspector</b>  | Patty Tyburski           |                            | <b>Weekend Hours</b> | No   |
| <b>Provider's Email</b>         | martaleechiquito@gmail.com                   |                                  | <b>Inspector's Email</b>  | patricia.tyburski@ct.gov |                            | <b>Night Hours</b>   | No   |

**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 of Provider/Applicant/Substitute/Emergency Caregiver

**SUBSTANTIATED VIOLATIONS OF REGULATIONS**

|                  |                             |                |                     |                       |
|------------------|-----------------------------|----------------|---------------------|-----------------------|
| <b>VIOLATION</b> | <b>Statute - Regulation</b> | [19a-87b-6(b)] | <b>Description:</b> | 013-Medical Statement |
|------------------|-----------------------------|----------------|---------------------|-----------------------|

Provider not in compliance with maintaining a medical statement when; it was observed that providers adult medical form expired in June of 2025.

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| <b>VIOLATION</b> | <b>Statute - Regulation</b> |  | <b>Description:</b> |  |
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| <b>VIOLATION</b> | <b>Statute - Regulation</b> |  | <b>Description:</b> |  |
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| <b>VIOLATION</b> | <b>Statute - Regulation</b> |  | <b>Description:</b> |  |
|------------------|-----------------------------|--|---------------------|--|

|                  |                             |  |                     |  |
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| <b>VIOLATION</b> | <b>Statute - Regulation</b> |  | <b>Description:</b> |  |
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|---|---|---|
| <b>VIOLATION</b>  | <b>Statute - Regulation</b>                 | <b>Description:</b>                           |
| <b>VIOLATION</b>  | <b>Statute - Regulation</b>                 | <b>Description:</b>                           |
| <b>VIOLATION</b>  | <b>Statute - Regulation</b>                 | <b>Description:</b>                           |
| <b>VIOLATION</b>  | <b>Statute - Regulation</b>                 | <b>Description:</b>                           |
| <b>VIOLATION</b>  | <b>Statute - Regulation</b>                 | <b>Description:</b>                           |
| <b>VIOLATION</b>  | <b>Statute - Regulation</b>                 | <b>Description:</b>                           |
| <b>NOT SUBSTANTIATED AND/OR PENDING VIOLATIONS OF REGULATIONS</b> |   |   |
| <b>STATUS:</b><br>Not Substantiated                               | <b>Statute - Regulation</b> [19a-87b-10(a)] | <b>Description:</b> 004-Capacity              |
| <b>STATUS:</b><br>Not Substantiated                               | <b>Statute - Regulation</b> [19a-87b-7(b)]  | <b>Description:</b> 018-Household Environment |
| <b>STATUS:</b><br>Not Substantiated                               | <b>Statute - Regulation</b> [19a-87b-8a]    | <b>Description:</b> 021-Background Check      |

|                           |  |   |
|---------------------------|--|---|
| <b>STATUS:</b><br>Pending | <b>Statute - Regulation</b> [19a-87b-10(j)(1)] | <b>Description:</b> 086-Discipline/Beh.Management |
|---------------------------|--|---|

Pending discussion with parents of enrolled children

|                           |  |   |
|---------------------------|--|---|
| <b>STATUS:</b><br>Pending | <b>Statute - Regulation</b> [19a-87b-10(k)(1)] | <b>Description:</b> 088-Child Protection: Abuse/Neglect |
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Pending discussion with parents of enrolled children

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| <b>STATUS:</b> | <b>Statute - Regulation</b> | <b>Description:</b> |
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|                |                             |                     |
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| <b>STATUS:</b> | <b>Statute - Regulation</b> | <b>Description:</b> |
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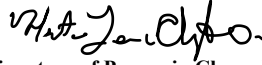
|   |                    |
|---|--------------------|
| <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> | <b>YES/NO:</b> Yes |
|---|--------------------|

**DISCUSSIONS/COMMENTS**

Discussed allegations with provider and approved substitute.  
 Both denied allegations and wrote written statements regarding their discipline policy, how behaviors are handled and if providers husband is present during child care hours.  
 Husband is an approved substitute with DCFS # 92850, but works a full time job and is out of the home from approximately 615 a.m. - 430 p.m.  
 Provider stated she recently obtained temporary custody of her two nieces and one nephew. Provider already notified her licensing specialist of the change in household members.

**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 regulations marked as pending, substantiated or non-substantiated were monitored or discussed.*

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|--|--|---|
| <br>(Signature of OEC Representative) | <br>(Signature of Person in Charge) | <b>DATE CORRECTIONS DUE BY:</b><br>09/23/2025 |
| <b>Patty Tyburski</b><br>(Printed Name)  | <b>MARTA LEE CHIQUITO</b><br>(Printed Name)  |   |