



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 | 04/06/2026 |
| | | | | EXPIRATION DATE | 12/31/2028 | TIME OF INSPECTION | 08:57 AM |
| 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 |
| | | | | DAYS OF OPERATION | Mon-Fri | SUMMER HOURS | Open |
| IS THIS A CHANGE OF ADDRESS? | YES | NO | NEW ADDRESS | # UNDER 18 MTHS PRESENT | 0 | WEEKEND HOURS | No |
| | | X | | TOTAL CHILDREN PRESENT | 2 | NIGHT HOURS | No |
| TYPE OF INSPECTION | UNANNOUNCED INSPECTION - FULL | | | INSPECTOR'S NAME | Melissa Lohr | | |
| PROVIDER'S EMAIL | Jazenid@gmail.com | | | INSPECTOR'S EMAIL | melissa.lohr@ct.gov | | |
| KEY: | <i>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)</i> | | | | | | |
| COMPLIANT = X | <i>[Signature]</i> Signature of Provider/Substitute/Applicant | | | | | | |
| NON-COMPLIANT = O | | | | | | | |

TERMS OF THE LICENSE 19a-87b-5

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| X | 4. 5(d)(10(a)) CAPACITY | |
| X | 5. 5(c) NON-TRANSFERABILITY OF LICENSE | Pending? |
| X | 6. 5(e) INFANT/TODDLER RESTRICTION | |
| X | 7. 5(f)(2) LICENSE POSTED | |
| X | 8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER | |
| X | 9. 5(h) PHOTO ID | |
| X | 10. 5(i) REQUESTS FOR INFORMATION | |
| X | 11. 5(j) NOTIFICATION OF CHANGE | |

QUALIFICATION OF PROVIDER 19a-87b-6

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| X | 12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS | |
| X | 13. 6(b) MEDICAL STATEMENT | |
| | EXPIRATION DATE: 04/11/2028 | |

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| X | 14. 6(c)(1) FIRST AID CERTIFICATE | |
| | EXPIRATION DATE: 03/24/2028 | |
| X | 15. 6(c)(2) CPR CERTIFICATE | |
| | EXPIRATION DATE: 03/24/2028 | |
| X | 16. 6(e) JUDGMENT | |

MEMBERS OF THE HOUSEHOLD 19a-87b-7

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| X | 17. 7(a) MEDICAL STATEMENT | |
| X | 18. 7(b) HOUSEHOLD ENVIRONMENT | |

QUALIFICATIONS OF STAFF 19a-87b-8

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|----------|--|-----|-------|--|---------|--|
| X | 19. 8(a)-(b) SUBSTITUTE - ASSISTANT | Y/N | NAME: | | Appvl # | |
| | | N | NAME: | | Appvl # | |
| | PRESENT AT VISIT? N | | | | | |
| X | 20. 8(c) EMERGENCY CAREGIVER | | | | | |

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

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| X | 21. 8a(a)-(f) BACKGROUND CHECK(S) | |
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PHYSICAL ENVIRONMENT 19a-87b-9

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| X | 22. 9(a) CLEAN/SANITARY ENVIRONMENT | |
| X | 23. 9(b) FREEDOM OF HAZARDS | |
| O | 24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE | Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when 2 cleaning products were observed accessible under the sink used for handwashing. |
| X | 25. 9(c) BIO- CONTAMINANTS DISPOSED SAFELY | |
| X | 26. 9(d)(1) SAFE STORAGE OF FLAMMABLES | |
| X | 27. 9(d)(2) SAFE DOOR FASTENERS | |
| O | 28. 9(d)(3) ELECTRICAL SAFETY | Provider not in compliance with maintaining protective covers or approved safety outlets when 9 outlet covers were observed missing from outlets accessible to children. |

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| X | 29. 9(d)(4)-(A) SAFE EXITS | | | | |
| X | 30. 9(d)(4)(A) BASEMENT SUPERVISION | Y/N | | | |
| | Y | | | | |
| X | 30. 9(d)(4)(A) USED FOR CARE ? | Y/N | | | |
| | Y | | | | |
| X | 31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS | | | | |
| X | 32. 9(d)(4)(E)-(5) EMERGENCY PLAN | | | | |
| O | 33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG | Provider not in compliance with maintaining a complete written log of the practice drills when a log was not on site. | | | |
| X | 34. 9(d)(6) SMOKE DETECTORS | | | | |
| X | 35. 9(d)(7) CARBON MONOXIDE DETECTOR | | | | |
| X | 36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED | | | | |
| X | 37. 9(d)(9) N/A? Y AUXILIARY HEATING SYSTEM | TYPE: | | APPROVED? | |
| | | | | | |
| X | 38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION | | | | |
| X | 39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT | INDOORS | | OUTDOORS | |
| | Yes | Yes | | | |
| O | 40. 9(f)(2) N/A? BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED | TYPE: | In-ground pool & lake | BARRIER: | Y |
| | | Provider not in compliance with ensuring that doorway access to a body of water is locked when both gates that provide access to the lake were unlocked and open. | | | |
| X | 41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE | | | | |
| X | 42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65° | | | | |
| X | 43. 9(g) WINDOW SAFETY | | | | |
| O | 44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES | Provider not in compliance with keeping trash covered when a garbage pail was observed uncovered. | | | |
| X | 45. 9(i) ADEQUATE AND SAFE WATER - | | | | |
| | TYPE OF SYSTEM: Public Water | | | | |
| O | 46. 9(h) WATER TEMPERATURE- 60°-120° | Provider not in compliance with maintaining a safe water temperature between 60-120 degrees when water measured at 124°F. | | | |

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| X | 47. 9(j) PASTEURIZATION OF MILK SUPPLY | |
| O | 48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED | Provider not in compliance with ensuring emergency numbers posted in an area where child care services are provided when emergency phone numbers were stored in a binder upstairs. |
| X | 49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS | |
| O | 50. 9(m)-(n) FIRST AID KIT and SUPPLIES | Provider not in compliance with maintaining a complete first aid kit when only a CPR mask was in the kit. |
| O | 51. 9(o) PET PROTECTION | TYPE of PETS: 1 cat |
| | PETS? Y/N Y | |
| | RABIES CERTS? Y/N Y | Provider not in compliance with maintaining current rabies vaccination certificate(s) when one was not on site. |
| X | 52. 9(p) Smoking Prohibited | |

RESPONSIBILITIES OF PROVIDER 19a-87b-10

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| X | 53. 10(b)(1) ENROLLMENT FORM | |
| O | 54. 10(b)(2) CHILD HEALTH RECORD | Provider not in compliance with maintaining complete child health record(s) when complete health records were not on file for 2 children. |
| O | 55. 10(b)(2)(v)(I) IMMUNIZATIONS | Provider not in compliance with maintaining complete immunization records(s) when complete records were not on file for 3 children. |
| X | 56. 10(b)(3)(B) EMERGENCY PERMISSION | |
| X | 57. 10(b)(3)(A) AUTHORIZED RELEASE | |
| X | 58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL | |
| X | 59. 10(b)(3)(E) SWIMMING PERMISSION | |
| X | 60.10(b)(4) INCIDENT LOG | |
| X | 61. 10(b)(5) CONFIDENTIALITY | |
| X | 62. 10(c) MEETING THE CHILD'S NEEDS | |
| X | 63.10(c)(1) SUFFICIENT PLAY EQUIPMENT | |

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| X | 64. 10(c)(2) GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE | |
| X | 65. 10(c)(3) HANDWASHING | |
| X | 66. 10(c)(4) FLEXIBLE AND BALANCED WRITTEN SCHEDULE | |
| X | 67. 10(c)(6) PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES | |
| X | 68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS | |
| X | 69. 10(d) INDIVIDUAL PLAN FOR CARE | |
| X | 70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES | |
| X | 71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS | |
| X | 72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING | |
| X | 73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET | |
| X | 74. 10(f)(3)-(4)/(7) CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS | |
| X | 75. 10(f)(5) INFANTS NOT SWADDLED | |
| X | 76. 10(f)(6) INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES | |
| X | 77. 10(f)(8) REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED | |
| X | 78. 10(g) DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL | |
| X | 79. 10(h)(1)-(9)-(11) PARENT INFORMATION AND ACCESS | |
| X | 80. 10(h)(10) DEVELOPMENTAL MILESTONES – POSTED | |

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| X | 81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS | |
| X | 82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION | |
| X | 83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION | |
| X | 84. 10(i)(3) IMMEDIATE ATTENTION | |
| X | 85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT | |
| X | 86. 10(j) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT | |
| X | 87. 10(j)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS | |
| X | 88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT | |
| X | 89. 10(k)(2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY | |
| X | 90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF | |

SICK CHILD CARE 19a-87b-11

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| X | 91. 11(a)(1)-(3) SICK CHILD CARE | |
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

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| X | 92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR | |
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

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| X | 93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS | |
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N

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| X | 94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS | |
| X | 95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS | |
| X | 96. (a)(2)(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S) | |
| X | 97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED | |
| X | 98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS | |
| X | 99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF | |
| X | 100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION | |
| X | 101. (b)(4)(A-B) MAR MAINTAINED | |
| X | 102. (b)(5)(A-B) PRESCRIPTION MEDS – STORED/LABELED | |
| X | 103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS | |
| X | 104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT | |
| X | 105. (b)(6) SELF – ADMIN. OF MEDS | |
| X | 106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION | |
| X | 107. (d) POTASSIUM IODIDE (KI) | |
| | N/A | |

MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N

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| X | 108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING | |
| X | 109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED | |

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| X | 110. (c)(3) SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING | |
| X | 111. (d) TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED | |
| X | 112. (e)(1-2) FINGER STICK BLOOD GLUCOSE TESTING RECORDS | |
| X | 113. (e)(3) PARENT NOTIFICATION OF TEST RESULTS | |

ADDITIONAL VIOLATIONS

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| | 114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN | N/A? | |
| | | Y | |



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| WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No? | Yes | LEVEL OF NON-COMPLIANCE THIS VISIT: | 11 out of 110 |
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DISCUSSIONS/COMMENTS

Care is provided downstairs. Provider stated she currently prevents access to outdoor deck stairs with the outdoor furniture (chairs). Provider also stated that the old couch, mattress, and bags of garbage that were next to the outdoor play space will be removed this week. Supplied provider with a list of needed first aid kit items. Also, discussed using items per manufacturer guidelines.

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.

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|------------------------------------|---|---|-----------------------------------|
| Signature of OEC Representative |  |  | Signature of Provider/ Substitute |
| Printed Name | Melissa Lohr | JASMIN MARRERO | Printed Name |
| 2 nd OEC Representative | | APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency. | |
| Printed Name | | THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST. | |



Written Corrective Action Plan due by:
04/20/2026

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OEC Representative's Email: **melissa.lohr@ct.gov**

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>