



Connecticut Office of
Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: occlicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	GINA BEECHAM				License Number	DCFH	Date of Inspection	02/13/2025
					Expiration Date		Time of Inspection	12:00 PM
Address	102A SHERBROOKE AVE HARTFORD CT 06106-3840				Telephone	(860) 335-5756	Regular Capacity	6
					Days and Hours	Monday to Friday 24 hours.	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	INITIAL CREDENTIAL INSPECTION		
	# of Infants - Toddlers Present	0	# of Total Children Present	0	Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	beechamgina53@gmail.com				Inspector's Email	silvana.carreon-zegarra@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><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></p> <p style="text-align: right;"><i>[Signature]</i> Signature of Provider/Substitute/Applicant</p>							

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

O	12. Awareness of Understanding of Regulations	Failed to demonstrate an awareness and/or understanding of the regulations. Per provider she does know the regulations.
X	13. Medical statement Expiration date: 05/10/2027	
X	14. First Aid Certificate Expiration date: 11/13/2026	

X	15. CPR Certificate				
	Expiration date: 11/13/2026				
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. Sub/Assistant	Y/N	Name:	Appvl #	
	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 with background checks. The applicant could not access to her account and could not demonstrate compliance with background checks.			
PHYSICAL ENVIRONMENT 19a-87b-9					
X	22. Clean/Sanitary Environment				
X	23. Freedom of Hazards				
<input type="radio"/>	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children in the bathroom. Observed cleaning supplies and Clorox in the bathroom cabinet.			
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			
	Used for Care ?	N			
<input type="radio"/>	31. Stairways - Protected, Handrails	Y/N	Failed to ensure a gate or other structure is in place at the entry of stairways accessible to children		
<input type="radio"/>	32. Emergency Plan	Failed to maintain a written emergency plan.			

X	33. Emergency Evacuation Drills - Quarterly/Log	
X	34. Smoke Detectors	
O	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide detectors
O	36. Fire Extinguisher- 5 lb. ABC/Installed	Failed to install fire extinguisher according to manufacturer's instructions
X	37. Auxiliary Heating System N Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
O	39. Safe Space-Sufficient Indoors Outdoors Y Y	Failed to protect outdoor play area from hazards. The outdoor play area is hazardous due to a staircase leading to the parking lot.
X	40. Body of Water-Type: Barrier?	Y/N N
X	41. Hot Tubs-Locked - Inaccessible	Y/N N
X	42. Ventilation, Light and Temperature- 65°	
X	43. Window Safety	
O	44. Washing Toileting, Sewage Garbage Facilities	Failed to keep trash covered.The garbage cans without lid were observed in the house.
X	45. Adequate and Safe Water - Type of System: Public Water	
O	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees. 123.F
X	47. Pasteurization of Milk Supply	
X	48. Working Phone, Emergency Numbers Posted	
X	49. Safe Transportation Registered, Insured, Restraints	
O	50. First Aid supplies	Failed to maintain a complete first aid kit when a thermometer, a cardiopulmonary resuscitation mouth barrier, and cold pack were missing.
X	51. Pet protection Pets? Rabies Certs?	Type: N
X	52. Smoking Prohibited	
RESPONSIBILITIES OF PROVIDER 19a-87b-10		
X	53. Enrollment Form	

X	54. Child Health Record	
X	55. Immunizations	
X	56. Emergency Permission	
X	57. Authorized Release	
X	58. Field Trip and Transportation Permission-To/From School	
X	59. Swimming Permission	
X	60. Incident Log	
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
O	63. Sufficient Play Equipment	Failed to provide sufficient indoor and outdoor play equipment.
X	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
O	66. Flexible and Balanced Written Schedule	Failed to develop a 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	

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	The developmental Milestones was provided and posted during the inspection.
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	
IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am)		
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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Are Medications Administered? **N** **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

O	94. Policies and Procedures for Admin of Meds	Failed to maintain complete written policies on the administration of medication
X	95. Parent Permission for Nonprescription Topical Meds	
X	96. Notification - Documentation of Med Error(s)	
X	97. Nonprescription Topical Meds- Stored/Labeled	
X	98. Unused - Expired Nonprescription Meds	
X	99. Documented Medication Trained Staff	
X	100. Written Auth Prescriber/Parent Permission	
X	101. MAR Maintained	
X	102. Prescription Meds - Stored/Labeled	
X	103. Unused/Expired Prescription Meds	
X	104. Emergency Meds- Equip. Labeled/Current	
X	105. Self-Admin. Of Meds	
X	106. Petition for Special Medication Authorization	

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

X	108. Policies for Finger Stick Blood Glucose Testing	
X	109. Finger Stick Blood Glucose Testing - Staff Trained	
X	110. Self Admin of Finger Stick Blood Glucose Testing	
X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	

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?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

The provider received detailed information related to the OEC Regulations, she reviewed ALL the regulations using visual clues including, safe sleep, supervision, capacity, smoking prohibited, enrollment documentation, and stairway protected. She received the following forms:

Enrollment packet.

Permission forms

Notification of Change form

Emergency Plan form

Emergency Number form

Safe and Healthy Diapering

Family child care home checklist for child records (sample)

Administration of Medication (sample)

Authorization for the Administration of Medication

Individual Plan Care

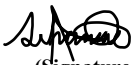
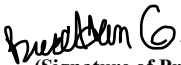
Parent authorization for Administration of NON-Prescription Topic medication by child care personnel

CT Immunization Requirements Schedule for Day Care, Family Day Care.

The first floor will be the care area; the bathroom is located on the second floor. A room for night care was available on the second floor. The outdoor area needs a barrier.

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)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)		GINA BEECHAM (Printed Name)