




**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	ERICA MEDINA				License Number	DCFH.54340	Date of Inspection	10/06/2025
					Expiration Date	2/28/2029	Time of Inspection	12:19 PM
Address	1997 BROAD ST FL 1 HARTFORD CT 06114-2306				Telephone	(860) 830-1600	Regular Capacity	6
					Hours of Operation	7:30 AM – 5:30 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	1	Weekend Hours	No
					Total children present	3	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	EYMED@HOTMAIL.COM				Inspector's Email	silvana.carreon-zegarra@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><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).</p>  _____ 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	
O	11. Notification of Change	Provider not in compliance with notifying the Office of the addition of any household member. The OEC representative observed two adults living in the house and the belongings of another male adult who also lives in the house. The provider confirmed that they live in the home.

**QUALIFICATION OF PROVIDER 19a-87b-6**

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	05/15/2028
X	14. First Aid Certificate	
	Expiration date:	04/22/2027

X	15. CPR Certificate	
	Expiration date:	
	04/22/2027	
O	16. Judgment	Provider not in compliance with knowingly furnishing or making false or misleading statement(s) when the provider stated that she lives only with her daughter knowing that three additional adults live in the house.

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

O	17. Medical Statement	Provider not in compliance with maintaining medical statements when three household members did not have adult medical statements.
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

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

X	22. Clean/Sanitary Environment	
O	23. Freedom of Hazards	Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards. The OEC representative observed two furnitures unsecure.
X	24. Harmful Substances/Materials Inaccessible	
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
O	31. Stairways - Protected, Handrails	Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when the OEC representative observed two stairways without protection. One stairway leads to the second floor and the other is located in the outdoor play area.
X	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>O</b>	50. First Aid supplies	Provider not in compliance with maintaining a complete first aid kit when a cardiopulmonary resuscitation mouth barrier was missing.	
<b>X</b>	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?		
<b>X</b>	52. Smoking Prohibited		

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

<b>X</b>	53. Enrollment Form		
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<b>X</b>	54. Child Health Record	
<b>O</b>	55. Immunizations	Provider not in compliance with maintaining complete immunization records(s) when a child's record was missing a flu vaccine.
<b>X</b>	56. Emergency Permission	
<b>O</b>	57. Authorized Release	Provider not in compliance with maintaining written parent permission to authorize removal of child(ren) when a child was missing information authorization for let ease the child from the day care.
<b>X</b>	58. Field Trip and Transportation Permission- To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
<b>X</b>	61. Confidentiality	
<b>X</b>	62. Meeting the Child's Needs	
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition- Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<b>X</b>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<b>X</b>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<b>X</b>	72. Infants Placed on Back for Sleeping	
<b>X</b>	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>X</b>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
<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	

### SICK CHILD CARE 19a-87b-11

<b>X</b>	91. Sick Child Care	
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### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

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

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

**ADDITIONAL VIOLATIONS**

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

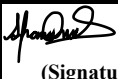


WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	8 out of 109
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**DISCUSSIONS/COMMENTS**

The OEC representative took a sample of paint peeling for lead test from the porch stairs. The provider received Emergency Plan form, and flyers regarding to safe sleep in the day care.

**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)
<b>Silvana Carreon Zegarra</b> (Printed Name)	<b>Ana Sanchez</b> (Printed Name)	<b>10/20/2025</b>	<b>ERICA MEDINA</b> (Printed Name)