



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	BERONICA VASQUEZ				License Number	DCFH.57600	Date of Inspection	02/09/2026
					Expiration Date	2/28/2030	Time of Inspection	12:04 PM
Address	154 PRESTON AVE MERIDEN CT 06450-4816				Telephone	(203) 619-4968	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	0	Weekend Hours	No
					Total children present	4	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Melina Perez		
Provider's Email	prestonfamilydaycare@outlook.com				Inspector's Email	melina.perez@ct.gov		

Key:
 Compliant = X
 Non-Compliant = O

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). *Beronica Vasquez*

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	
X	11. Notification of Change	

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	08/27/2027
X	14. First Aid Certificate	
	Expiration date:	11/24/2026

X	15. CPR Certificate	
	Expiration date:	
	11/24/2026	
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: Johny Ramon Jara	Appvl # DCFS.92205
	Type of Staff:	Y		
	Substitute			
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		
X	23. Freedom of Hazards		
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	
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	Appvd?	
	Type?		
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient		
	Indoors	Y	
	Outdoors	Y	
X	40. Body of Water-Type:	Y/N	
	Barrier?	N	
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		
X	50. First Aid supplies		
X	51. Pet protection	Type: 1 Rabbit	
	Pets?	Y	
	Rabies Certs?	N	
X	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. Enrollment Form		
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X	54. Child Health Record	
O	55. Immunizations	Provider not in compliance with maintaining current immunization record(s) for 1 enrolled child when proof of flu was observed to be missing from their file.
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	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
X	66. Flexible and Balanced 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	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?****Y****X**94. Policies and
Procedures for
Admin of Meds**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**O**103.
Unused/Expired
Prescription Meds

Provider not in compliance with ensuring expired medication was not destroyed or returned to the parent when an Epi Pen for 1 enrolled child with a peanut/egg allergy was observed to be expired; child was present during today's visit.

X104. Emergency
Meds- Equip.
Labeled/Current**X**105. Self-Admin.
Of Meds**X**106. Petition for
Special
Medication
Authorization**MONITORING OF DIABETES 19a-87b-18**

Child with diabetes enrolled?

N**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


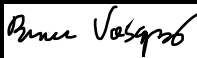
WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	2 out of 109
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DISCUSSIONS/COMMENTS

Have parents/guardians review enrollment/written permissions annually for any changes. Criminal background checks for provider and 2 household members expiring 8/11/2026. Criminal background check also expiring for 1 household member on 9/14/2026. CPR/First Aid expiring 11/24/2026. Oral/topical/inhalant training expiring 5/20/2026. Epi Pen training expiring 6/05/2026. **Specialist was unable to conduct a thorough inspection of the outdoor play area as it was covered in snow; provider was advised during today's visit that a follow-up inspection will be conducted as soon as weather permits and any violations cited will need to be corrected at that time**.

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)
Melina Perez (Printed Name)	 (Printed Name)	02/23/2026	BERONICA VASQUEZ (Printed Name)