



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: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	JUANA TEJADA				License Number	DCFH.53161	Date of Inspection	07/18/2024
Address	16 LIVINGSTON PL FL 2 BRIDGEPORT CT 06610-1771				Expiration Date	6/30/2025	Time of Inspection	09:39 AM
					Telephone	(203) 612-6355	Regular Capacity	6
Is this a Change of Address?	Yes?		No?	X	Days and Hours	MON-FRI 6:00AM-5:30PM	School Age Capacity	3
							Summer Care	Open
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	0	# of Total Children Present	1	Inspector's Name	Eileen Ruiz		
Provider's Email	juana.tejada38@yahoo.com				Inspector's Email	eileen.ruiz@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).

Juana Tejada
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:	
	09/13/2026	
X	14. First Aid Certificate	
	Expiration date:	
	06/23/2025	

X	15. CPR Certificate		
	Expiration date:		
	06/23/2025		
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. Substitute or Assistant	Y/N	
	Type of Staff :	Y	
	Substitute		
X	20. Emergency Caregiver		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
X	21. Background Check(s)		
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	Daycare is on second floor of multi family home.
		Y	
	Used for Care ?	Y/N	
		N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

O	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the practices drills for 2024.	
X	34. Smoke Detectors		
X	35. Carbon Monoxide Detector		
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
X	37. Auxiliary Heating System N Type?	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space- Sufficient Indoors Outdoors		
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		
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 Pets? Rabies Certs?	Type: N	
X	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
X	53. Enrollment Form		

O	54. Child Health Record	Failed to maintain current child health record(s) for three children.
O	55. Immunizations	Failed to maintain complete immunization record(s) when three children did not receive documentation of current influenza vaccine for the Calendar times between August 1-December 31 of every season.
	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	
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

Are Medications Administered?

Y

ADMINISTRATION OF MEDICATIONS 19a-87b-17

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

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

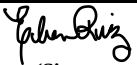
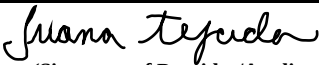
110. Self Admin of
Finger Stick Blood
Glucose Testing

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			
X	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
YES or NO? Yes	WERE VIOLATIONS CITED DURING THIS VISIT?		
DISCUSSIONS/COMMENTS			
Background checks for provider will expire 7/30/2024 and her husband's will expire 8/13/2024. Reviewed influenza vaccine schedule with the provider. Reviewed the use of soft mattresses in pack and plays. There are no infants enrolled but discussed following manufacturers guidelines and refrain from using any additions to the mattress that comes with the instructions.			
NOTE: Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.			
APPLICANTS- PLEASE NOTE: You <u>MAY NOT OPERATE</u> 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)
Eileen Ruiz (Printed Name)	 (Printed Name)	08/01/2024	JUANA TEJADA (Printed Name)