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: oec.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
		Expiration Date	6/30/2025	**Time of Inspection**	09:39 AM
Address	16 LIVINGSTON PL FL 2 BRIDGEPORT CT 06610-1771	**Telephone**	(203) 612-6355	**Regular Capacity**	6
		Days and Hours	MON-FRI 6:00AM-5:30PM	**School Age Capacity**	3
Is this a Change of Address?	**Yes?**		**No?** X	**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 Type of Staff : Substitute	Y/N Y	
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 Used for Care ?	Y/N Y Y/N N	Daycare is on second floor of multi family home.
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: Y / Outdoors: Y	
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	

ADMINISTRATION OF MEDICATIONS 19a-87b-17

Are Medications Administered? 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	
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	

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

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

YES or NO?	WERE VIOLATIONS CITED DURING THIS VISIT?
Yes	

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 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)
Eileen Ruiz		08/01/2024	JUANA TEJADA
(Printed Name)	(Printed Name)		(Printed Name)