



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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

|  |  |   |                             |   |                    |                               |                     |            |
|--|--|---|-----------------------------|---|--------------------|-------------------------------|---------------------|------------|
| Provider                                   | LUSELYS M TINEO  |   |                             |   | License Number     | DCFH.57785                    | Date of Inspection  | 12/12/2024 |
|  |  |   |                             |   | Expiration Date    | 2/28/2027                     | Time of Inspection  | 12:02 PM   |
| Address                                    | 327 LENOX AVE<br>BRIDGEPORT CT 06605-1632  |   |                             |   | Telephone          | (203) 923-7513                | Regular Capacity    | 6          |
|  |  |   |                             |   | Days and Hours     | M-F 7A-6P                     | 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  | 1 | # of Total Children Present | 5 | Inspector's Name   | Candy Vargas                  |                     |            |
| Provider's Email                           | Luselismejia579@gmail.com  |   |                             |   | Inspector's Email  | candy.vargas@ct.gov           |                     |            |
| Key:<br>Compliant = X<br>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><br/>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

|   |  |            |
|---|--|------------|
| X | 12. Awareness of, Understanding of Regulations |            |
| X | 13. Medical statement                          |            |
|   | Expiration date:                               | 09/05/2025 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 08/14/2026 |

|  |   |  |       |  |         |
|--|---|--|-------|--|---------|
| X  | 15. CPR Certificate                           |  |       |  |         |
|  | Expiration date:<br>08/14/2026                |  |       |  |         |
| X  | 16. Judgment                                  |  |       |  |         |
| <b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>        |   |  |       |  |         |
| X  | 17. Medical Statement                         |  |       |  |         |
| X  | 18. Household Environment                     |  |       |  |         |
| <b>QUALIFICATIONS OF STAFF 19a-87b-8</b>         |   |  |       |  |         |
| X  | 19. Sub/Assistant                             | Y/N  | Name: |  | Appvl # |
|  | Type of Staff :                               | Y  |       |  |         |
|  | Substitute                                    |  |       |  |         |
| X  | 20. Emergency Caregiver                       |  |       |  |         |
| <b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b> |   |  |       |  |         |
| X  | 21. Background Check(s)                       |  |       |  |         |
| <b>PHYSICAL ENVIRONMENT 19a-87b-9</b>            |   |  |       |  |         |
| X  | 22. Clean/Sanitary Environment                |  |       |  |         |
| ○  | 23. Freedom of Hazards                        | Failed to maintain the facility free of hazards. Window in the living room which is used for childcare was observed cracked in half from the inside.                 |       |  |         |
| ○  | 24. Harmful Substances/Materials Inaccessible | Failed to ensure harmful materials are inaccessible to children. When kitchen cabinet was observed unlocked with kitchen knives and scissors accessible to children. |       |  |         |
| X  | 25. Bio-contaminants Disposed Safely          |  |       |  |         |
| X  | 26. Safe Storage of Flammables                |  |       |  |         |
| X  | 27. Safe Door Fasteners                       |  |       |  |         |
| ○  | 28. Electrical Safety                         | Failed to maintain protective covers or approved safety outlets in areas accessible to children.   |       |  |         |
| 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                            |  |       |  |         |

|  |  |  |
|--|--|--|
| <b>X</b>                                       | 33. Emergency Evacuation Drills - Quarterly/Log                  |  |
| <b>X</b>                                       | 34. Smoke Detectors  |  |
| <b>O</b>                                       | 35. Carbon Monoxide Detector                                     | Failed to maintain operable carbon monoxide detector.  |
| <b>X</b>                                       | 36. Fire Extinguisher- 5 lb. ABC/Installed                       |  |
| <b>X</b>                                       | 37. Auxiliary Heating System N<br>Type?                          | Appvd?   |
| <b>X</b>                                       | 38. Safe Storage of Weapons and Ammunition                       |  |
| <b>O</b>                                       | 39. Safe Space-Sufficient<br>Indoors   Outdoors<br>Y   Y         | Failed to protect outdoor play area from hazards. Outdoor play are approved was observed with a fence not in good repair, a broken vehicle in the center of the playground and gas grills. |
| <b>X</b>                                       | 40. Body of Water-Type:<br>Barrier?                              | Y/N<br>N   |
| <b>X</b>                                       | 41. Hot Tubs-Locked - Inaccessible                               | Y/N<br>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 -<br>Type of System:<br>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>X</b>                                       | 50. First Aid supplies   |  |
| <b>X</b>                                       | 51. Pet protection<br>Pets?<br>Rabies Certs?                     | Type:<br>N   |
| <b>X</b>                                       | 52. Smoking Prohibited   |  |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |  |  |
| <b>O</b>                                       | 53. Enrollment Form  | Failed to maintain enrollment form for one child.  |

|                                     |  |  |
|-------------------------------------|--|--|
| <input type="radio"/>               | 54. Child Health Record  | Failed to maintain complete child health record for one child. Another child (infant) has conflicting information on the chronic disease assessment. |
| <input type="radio"/>               | 55. Immunizations  | Failed to maintain complete immunization record for one child.   |
| <input type="radio"/>               | 56. Emergency Permission   | Failed to maintain written parent permission for emergency medical care for one child.   |
| <input type="radio"/>               | 57. Authorized Release   | Failed to maintain written parent permission to authorize removal of one child.  |
| <input type="radio"/>               | 58. Field Trip and Transportation Permission-To/From School              | Failed to maintain written parent permission for transportation of one child.  |
| <input checked="" type="checkbox"/> | 59. Swimming Permission  |  |
| <input type="radio"/>               | 60. Incident Log   | Failed to maintain an incident log for 6 children.   |
| <input checked="" type="checkbox"/> | 61. Confidentiality  |  |
| <input checked="" type="checkbox"/> | 62. Meeting the Child's Needs  |  |
| <input checked="" type="checkbox"/> | 63. Sufficient Play Equipment  |  |
| <input checked="" type="checkbox"/> | 64. Good Nutrition- Meals/Snacks, Water Available                        |  |
| <input checked="" type="checkbox"/> | 65. Handwashing  |  |
| <input checked="" type="checkbox"/> | 66. Flexible and Balanced Written Schedule                               |  |
| <input checked="" type="checkbox"/> | 67. Personal Articles- Blanket, Towel, Toilet Articles                   |  |
| <input checked="" type="checkbox"/> | 68. Proper Rest Provisions – Safe Cribs                                  |  |
| <input checked="" type="checkbox"/> | 69. Individual Plan for Care (Written if Applicable)                     |  |
| <input checked="" type="checkbox"/> | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities               |  |
| <input checked="" type="checkbox"/> | 71. Infant Care, Indiv Attention, Held for Bottle Feedings               |  |
| <input checked="" type="checkbox"/> | 72. Infants Placed on Back for Sleeping                                  |  |
| <input checked="" type="checkbox"/> | 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                       |  |
| <b>SICK CHILD CARE 19a-87b-11</b>  |  |  |
| <b>X</b>   | 91. Sick Child Care  |  |
| <b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12<br/>(10pm to 5am)</b> |  |  |
| <b>X</b>   | 92. Separate Bed- Location of Bed - Appropriate Sleepwear            |  |

## OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

|          |  |  |
|----------|--|--|
| <b>X</b> | 93. Access-<br>Immediate, Entire<br>or Part of Facility<br>and Records |  |
|----------|--|--|

Are Medications Administered? **Y**      **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

|          |   |  |
|----------|---|--|
| <b>X</b> | 94. Policies and<br>Procedures for<br>Admin of Meds             |  |
| <b>X</b> | 95. Parent<br>Permission for<br>Nonprescription<br>Topical Meds |  |
| <b>X</b> | 96. Notification -<br>Documentation of<br>Med Error(s)          |  |
| <b>X</b> | 97.<br>Nonprescription<br>Topical Meds-<br>Stored/Labeled       |  |
| <b>X</b> | 98. Unused -<br>Expired<br>Nonprescription<br>Meds              |  |
| <b>X</b> | 99. Documented<br>Medication<br>Trained Staff                   |  |
| <b>X</b> | 100. Written Auth<br>Prescriber/Parent<br>Permission            |  |
| <b>X</b> | 101. MAR<br>Maintained  |  |
| <b>X</b> | 102. Prescription<br>Meds -<br>Stored/Labeled                   |  |
| <b>X</b> | 103.<br>Unused/Expired<br>Prescription Meds                     |  |
| <b>X</b> | 104. Emergency<br>Meds- Equip.<br>Labeled/Current               |  |
| <b>X</b> | 105. Self-Admin.<br>Of Meds                                     |  |
| <b>X</b> | 106. Petition for<br>Special<br>Medication<br>Authorization     |  |

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

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

|          |   |  |
|----------|---|--|
| <b>X</b> | 112. Finger Stick Blood Glucose Testing Records |  |
| <b>X</b> | 113. Parent Notification of Test Results        |  |

**ADDITIONAL VIOLATIONS**

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

YES or NO?  
**Yes**

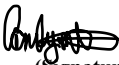

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

Upon arrival the provider and DCFS 92483 were observed caring for 4 children. While conducting the walkthrough the outdoor area was observed not safe fo children. Alternate outdoor area identified will be gated area in front of the house. Provider informed specialist that she is actively looking for a new apt/house to submit a COA application. At the time of inspection updated emergency plan sample was emailed to the provider. Influenza vaccine requirements were discussed with both the provider and substitute.

**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.*

|   |                                       |                                |   |
|---|---------------------------------------|--------------------------------|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Provider/Applicant/Substitute) |
| <b>Candy Vargas</b><br>(Printed Name)   | <br>(Printed Name)                    | <b>12/26/2024</b>              | <b>LUSELYS M TINEO</b><br>(Printed Name)  |