



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	JUANA A HIERRO DE SEVERINO				License Number	DCFH.57983	Date of Inspection	03/10/2026
					Expiration Date	3/31/2028	Time of Inspection	10:31 AM
Address	531 GARFIELD AVE BRIDGEPORT CT 06606-5275				Telephone	(347) 284-9259	Regular Capacity	6
					Hours of Operation	8:00 AM – 5:00 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	5	Night Hours	No
Type of Inspection	Partial inspection to inspect outdoor play area				Inspector's Name	Ana Sanchez		
Provider's Email	Juanit384@gmail.com				Inspector's Email	ana.m.sanchez@ct.gov		

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 Hierro

 Signature of Provider/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-9(f)(1-2)]	Description: 039-Indoor/Outdoor Space-Safe and Sufficient
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The regulation regarding sufficient/safe space was found to be in compliance during this visit.

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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DISCUSSIONS/COMMENTS

Provider and DCFS.92769 were present during today's inspection. Provider asked the specialist to review: emergency medications, written authorization for administration of medications on file for enrolled children, regulations regarding medication and medication authorization forms, enrollment forms for enrolled children in her program, child health records for children in her program, and regulation requiring licensed providers to have individual plans of care on file for children with diagnosed disabilities and special health needs.

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.
- 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. Providers are required by statutes and regulations to be in compliance at all times.
- **APPLICANTS –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.**

 (Signature of OEC Representative)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Ana Sanchez (Printed Name)	 (Printed Name)		JUANA A HIERRO DE SEVERINO (Printed Name)