

## Connecticut Office of Early Childhood

### Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

### FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL    UNANNOUNCED/FULL/PARTIAL    FOLLOW UP    LOCATION CHANGE    OTHER

|                                    |                                       |   |
|------------------------------------|---------------------------------------|---|
| <b>Provider:</b><br>Julia Zamora   | License Number: 57474                 | Date of Inspection: 7/25/22   |
| <b>Address:</b><br>746 Wood Ave    | Expiration Date: 2/28/25              | Time of Inspection: 10:38a  |
|                                    | Capacity: 6+3                         | Days/Hours: M-F 7a-6p   |
| <b>Town:</b><br>Bridgeport         | Telephone: 2033601820                 | Summer: <input checked="" type="checkbox"/> Open/ <input type="checkbox"/> Closed |
| <b>State/Zip Code:</b><br>CT 06604 | Email: juliazamora.marylj@hotmail.com |   |

Instructions:  = Compliance/No violation found    = Non-compliance/Violation found   N/A = Not applicable at this time

*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).*

*Julia Zamora*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

#### Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 8
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 1
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

#### Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 3/13/2024
- 14. First Aid Certificate-Exp. Date 3/13/2024
- 15. CPR Certificate- Exp. Date 3/13/2024
- 16. Judgment

#### Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

#### Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N)
- 20. Emergency Caregiver

#### Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

#### Physical Environment 19a-87b-9

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type:        Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient  
Indoor  Outdoor
- 40. Body of Water (Y/N) Type:        Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public/Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N) -Type: cat Rabies Certificate(s)
- 52. Smoking Prohibited

#### Responsibilities of Provider 19a-87b-10

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

**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)<br><i>Eileen Ruiz</i> | Date Corrections Due By:<br>8/8/22 | (Signature of Provider/Applicant/Substitute/Emergency Caregiver)<br><i>Julia Zamora</i> |
| (Printed Name)<br>Eileen Ruiz                           |                                    | (Printed Name)<br>Julia Zamora  |

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**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

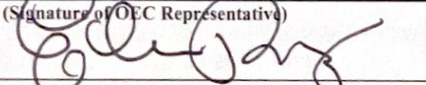
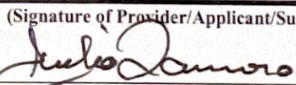
|   |  |                                    |
|---|--|------------------------------------|
| Provider: <u>Julia Zamora</u>   | License Number: <u>57474</u>   | Date of Inspection: <u>7/25/22</u> |
| <u>Responsibilities of Provider 19a-87b-10 (continued)</u><br><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles<br><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs<br><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)<br><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities<br><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings<br><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping<br><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet<br><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards<br><input checked="" type="checkbox"/> 75. Infants not Swaddled<br><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes<br><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed<br><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.<br><input checked="" type="checkbox"/> 79. Parent Information and Access<br><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted<br><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors<br><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention<br><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization<br><input checked="" type="checkbox"/> 84. Immediate Attention<br><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present<br><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management<br><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents<br><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect<br><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury<br><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF | <u>Office Access, Inspections and Investigations 19a-87b-13</u><br><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records<br><br><u>Administration of Medications 19a-87b-17</u><br><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds<br><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds<br><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)<br><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled<br><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds<br><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff<br><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission<br><input checked="" type="checkbox"/> 101. MAR Maintained<br><input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled<br><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds<br><input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current<br><input checked="" type="checkbox"/> 105. Self-Administration of Meds<br><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization<br><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing<br><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained<br><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing<br><input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed<br><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records<br><input checked="" type="checkbox"/> 113. Parent Notification of Test Results |                                    |
| <u>Sick Child Care 19a-87b-11</u><br><input checked="" type="checkbox"/> 91. Sick Child Care<br><br><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u><br><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear  | <u>Additional Violations</u><br><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan   |                                    |

**Discussions/Comments:**

• Reviewed sleep arrangements for infants under 12 months of age.

• Reviewed capacity requirements that are what define the maximum number of children receiving care at one time. Summer time requires a staff approved by agency to keep any school agers that increase capacity from 6.

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|  |   |  |
|--|---|--|
| (Signature of OEC Representative)<br> | Date Corrections Due By:<br><u>8/8/22</u> | (Signature of Provider/Applicant/Substitute/Emergency Caregiver)<br> |
| (Printed Name)<br><u>Eileen Ruiz</u>   |   | (Printed Name)<br><u>Julia Zamora</u>  |

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Julia Zamora License # 57474 Date: 7/25/22

## Observations/Corrections needed:

- #4 Provider failed to maintain within capacity when 8 children were ~~enrolled~~ and present at inspection.
- #13 Observed adult medical statement not on file.
- #34 observed smoke detector not installed. It was stored in a drawer in kitchen.
- #31 Observed pet vaccine on file is expired on 12/18/21
- #53 Enrollment form missing for one new child
- #54 Child record missing for one new child
- #56 Emergency permissions missing for one new child
- #57 Authorized releases missing for new child
- #58 Field trips/Transportation permissions missing for new child
- #60 Incident logs missing for all children

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Eileen RuizPrint Name: Eileen Ruiz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Julia ZamoraPrint Name: Julia ZamoraOEC BY: 8/8/2022

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Julia Zamora License # 51474 Date: 7/25/20

Observations/Corrections needed:

# 73 Observed an infant under 12 months sleeping in a car seat.

Lined area for additional observations or corrections.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]

Print Name: Eileen Ruiz

Signature: [Signature]  
Print Name: Julia Zamora

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 8/8/2022