



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	ZORAIDA PEREZ				<b>License Number</b>	DCFH.52661	<b>Date of Inspection</b>	05/03/2024
					<b>Expiration Date</b>	4/30/2026	<b>Time of Inspection</b>	09:38 AM
<b>Address</b>	63 BUTLER AVE BRIDGEPORT CT 06605-1946				<b>Telephone</b>	(203) 400-7863	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	24 HOURS/7 DAYS	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	X			<b>Summer Care</b>	Open
<b>New Address</b>					<b>Type of Inspection</b>	UNANNOUNCED INSPECTION - FULL		
	<b># of Infants - Toddlers Present</b>	0	<b># of Total Children Present</b>	0	<b>Inspector's Name</b>	Rebecca LaRosa		
<b>Provider's Email</b>	Zorycat123@gmail.com				<b>Inspector's Email</b>	rebecca.larosa@ct.gov		
<b>Key:</b> Compliant = X Non-Compliant = O	<b>Consent to Inspect:</b> 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>Zoraida Perez</i> 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:	09/25/2024
O	14. First Aid Certificate	Failed to maintain current certificate when certification expired and provider had not renewed.
	Expiration date:	10/02/2023

<input type="radio"/>	<b>15. CPR Certificate</b>	Failed to maintain current certificate when certification expired and provider had not renewed.	
	Expiration date:		
	10/02/2023		
<input checked="" type="checkbox"/>	<b>16. Judgment</b>		
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
<input checked="" type="checkbox"/>	<b>17. Medical Statement</b>		
<input checked="" type="checkbox"/>	<b>18. Household Environment</b>		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
<input checked="" type="checkbox"/>	<b>19. Substitute or Assistant</b>	Y/N	
	Type of Staff :	N	
<input checked="" type="checkbox"/>	<b>20. Emergency Caregiver</b>		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
<input type="radio"/>	<b>21. Background Check(s)</b>	Failed to maintain evidence of compliance when provider states she doesn't have access to BCIS.	
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
<input checked="" type="checkbox"/>	<b>22. Clean/Sanitary Environment</b>		
<input checked="" type="checkbox"/>	<b>23. Freedom of Hazards</b>		
<input checked="" type="checkbox"/>	<b>24. Harmful Substances/Materials Inaccessible</b>		
<input checked="" type="checkbox"/>	<b>25. Bio-contaminants Disposed Safely</b>		
<input checked="" type="checkbox"/>	<b>26. Safe Storage of Flammables</b>		
<input checked="" type="checkbox"/>	<b>27. Safe Door Fasteners</b>		
<input checked="" type="checkbox"/>	<b>28. Electrical Safety</b>		
<input checked="" type="checkbox"/>	<b>29. Safe Exits</b>		
<input checked="" type="checkbox"/>	<b>30. Basement Supervision</b>	Y/N	
		Y	
	Used for Care ?	Y/N	
		N	
<input checked="" type="checkbox"/>	<b>31. Stairways - Protected, Handrails</b>		
<input checked="" type="checkbox"/>	<b>32. Emergency Plan</b>		

<input type="radio"/>	<b>33. Emergency Evacuation Drills - Quarterly/Log</b>	Failed to maintain a written log of the practices drills when only 2 drills were logged in 2023 and none for 2024.	
<input checked="" type="checkbox"/>	<b>34. Smoke Detectors</b>		
<input checked="" type="checkbox"/>	<b>35. Carbon Monoxide Detector</b>		
<input checked="" type="checkbox"/>	<b>36. Fire Extinguisher- 5 lb. ABC/Installed</b>		
<input checked="" type="checkbox"/>	<b>37. Auxiliary Heating System</b> N	Appvd?	
	Type?		
<input checked="" type="checkbox"/>	<b>38. Safe Storage of Weapons and Ammunition</b>		
<input type="radio"/>	<b>39. Safe Space-Sufficient</b>	Failed to develop a written plan that ensure the safe transportation of children to/from the alternate outdoor play space as there is no outdoor space available for children at the home. Submit written plan.	
	Indoors		
	Outdoors		
<input checked="" type="checkbox"/>	<b>40. Body of Water-Type:</b>	Y/N	
	Barrier?	N	
<input checked="" type="checkbox"/>	<b>41. Hot Tubs-Locked - Inaccessible</b>	Y/N	
		N	
<input checked="" type="checkbox"/>	<b>42. Ventilation, Light and Temperature- 65°</b>		
<input checked="" type="checkbox"/>	<b>43. Window Safety</b>		
<input checked="" type="checkbox"/>	<b>44. Washing Toileting, Sewage Garbage Facilities</b>		
<input checked="" type="checkbox"/>	<b>45. Adequate and Safe Water -</b>		
	Type of System:		
	Public Water		
<input type="radio"/>	<b>46. Water Temperature- 60°-120°</b>	Failed to maintain safe water temperature between 60-120 degrees when water measured at 123 F.	
<input checked="" type="checkbox"/>	<b>47. Pasteurization of Milk Supply</b>		
<input checked="" type="checkbox"/>	<b>48. Working Phone, Emergency Numbers Posted</b>		
<input checked="" type="checkbox"/>	<b>49. Safe Transportation Registered, Insured, Restraints</b>		
<input checked="" type="checkbox"/>	<b>50. First Aid supplies</b>		
<input checked="" type="checkbox"/>	<b>51. Pet protection</b>	Type: 1 cat	
	Pets?	Y	
	Rabies Certs?	Y	
<input checked="" type="checkbox"/>	<b>52. Smoking Prohibited</b>		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<input checked="" type="checkbox"/>	<b>53. Enrollment Form</b>		

<input type="radio"/>	<b>54. Child Health Record</b>	Failed to maintain current child health record(s) for 1 child on file.
<input type="radio"/>	<b>55. Immunizations</b>	Failed to maintain current immunization record(s) for 1 child on file.
<input checked="" type="checkbox"/>	<b>56. Emergency Permission</b>	
<input checked="" type="checkbox"/>	<b>57. Authorized Release</b>	
<input checked="" type="checkbox"/>	<b>58. Field Trip and Transportation Permission-To/From School</b>	
<input checked="" type="checkbox"/>	<b>59. Swimming Permission</b>	
<input checked="" type="checkbox"/>	<b>60. Incident Log</b>	
<input checked="" type="checkbox"/>	<b>61. Confidentiality</b>	
<input checked="" type="checkbox"/>	<b>62. Meeting the Child's Needs</b>	
<input checked="" type="checkbox"/>	<b>63. Sufficient Play Equipment</b>	
<input checked="" type="checkbox"/>	<b>64. Good Nutrition- Meals/Snacks, Water Available</b>	
<input checked="" type="checkbox"/>	<b>65. Handwashing</b>	
<input checked="" type="checkbox"/>	<b>66. Flexible and Balanced Written Schedule</b>	
<input checked="" type="checkbox"/>	<b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>	
<input checked="" type="checkbox"/>	<b>68. Proper Rest Provisions – Safe Cribs</b>	
<input checked="" type="checkbox"/>	<b>69. Individual Plan for Care (Written if Applicable)</b>	
<input checked="" type="checkbox"/>	<b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>	
<input checked="" type="checkbox"/>	<b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>	
<input checked="" type="checkbox"/>	<b>72. Infants Placed on Back for Sleeping</b>	
<input checked="" type="checkbox"/>	<b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b>	

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	
<b>SICK CHILD CARE 19a-87b-11</b>		
X	91. Sick Child Care	
<b>IS NIGHT CARE PROVIDED? Y NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

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

<b>X</b>	<b>93. Access- Immediate, Entire or Part of Facility and Records</b>	
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Are Medications Administered?

N

### ADMINISTRATION OF MEDICATIONS 19a-87b-17

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

Child with diabetes enrolled?

N

### MONITORING OF DIABETES 19a-87b-18

<b>X</b>	<b>108. Policies for Finger Stick Blood Glucose Testing</b>	
<b>X</b>	<b>109. Finger Stick Blood Glucose Testing - Staff Trained</b>	
<b>X</b>	<b>110. Self Admin of Finger Stick Blood Glucose Testing</b>	
<b>X</b>	<b>111. Testing Equip. &amp; Supplies- Maintain, Labeled, Locked, Disposed</b>	
<b>X</b>	<b>112. Finger Stick Blood Glucose Testing Records</b>	

