



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 Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

| | | | | | | | | |
|----------------------------------------|-------------------------------------|------------------------------------|------------|---|--------------------------|------------------------------------|----------------------------|------------|
| Provider | JULIA ZAMORA | | | | License Number | DCFH.57474 | Date of Inspection | 06/11/2024 |
| Address | 746 WOOD AVE BRIDGEPORT CT 06604 | | | | Expiration Date | 2/28/2025 | Time of Inspection | 09:49 AM |
| Is this a Change of Address? | Yes? | | No? | X | Telephone | (203) 360-1820 | Regular Capacity | 6 |
| New Address | | | | | Days and Hours | MONDAY - FRIDAY 7:00AM - 6:00PM | School Age Capacity | 3 |
| Inspector's Name | | | | | Inspector's Email | eileen.ruiz@ct.gov | | |
| Inspector's Email | mary16jjj@hotmail.com | | | | Summer Care | Open | | |
| Type of Inspection | UNANNOUNCED INSPECTION - FULL | | | | | | | |
| # of Infants - Toddlers Present | 2 | # of Total Children Present | 5 | | | | | |

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).

Julia Zamora
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: | 08/13/2025 |
| X | 14. First Aid Certificate | |
| | Expiration date: | 03/23/2026 |

| | | | |
|--------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| X | 15. CPR Certificate | | |
| | Expiration date: | 03/23/2026 | |
| O | 16. Judgment | Failed to demonstrate good judgment about supervision and safety when she placed an infant to sleep on an adult bed. A discussion was had on how this is a repeat violation from last year's inspection. | |
| 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 | Y/N | |
| | Type of Staff : | N | |
| 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 | | |
| O | 25. Bio-contaminants Disposed Safely | Failed to ensure bio contaminants are disposed of in a safe manner, upon arrival a toilet training chair was full of urine, then during visit, provider took children to do a round of toileting and hand washing but did not empty the contents of the toilet chair. | |
| O | 26. Safe Storage of Flammables | Failed to properly store flammable material(s), lighter fluid was found in the back exit passage | |
| X | 27. Safe Door Fasteners | | |
| X | 28. Electrical Safety | | |
| O | 29. Safe Exits | Failed to keep exits free from obstruction(s) when a bucket, can of paint, bag of bbq coals, gallon of windshield washer fluid where in the passageway of the back exit of the home. | |
| X | 30. Basement Supervision | Y/N | |
| | | Y | |
| | Used for Care ? | Y/N | |
| | | N | |
| X | 31. Stairways - Protected, Handrails | | |
| X | 32. Emergency Plan | | |

| | | | |
|------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|
| <input type="radio"/> | 33. Emergency Evacuation Drills - Quarterly/Log | Failed to maintain a written log of the practices drills for the year 2024. | |
| <input checked="" type="checkbox"/> | 34. Smoke Detectors | | |
| <input checked="" type="checkbox"/> | 35. Carbon Monoxide Detector | | |
| <input checked="" type="checkbox"/> | 36. Fire Extinguisher- 5 lb. ABC/Installed | | |
| <input checked="" type="checkbox"/> | 37. Auxiliary Heating System N Type? | Appvd? | |
| <input checked="" type="checkbox"/> | 38. Safe Storage of Weapons and Ammunition | | |
| <input checked="" type="checkbox"/> | 39. Safe Space-Sufficient Indoors Outdoors | | |
| <input checked="" type="checkbox"/> | 40. Body of Water-Type: Barrier? | Y/N N | |
| <input checked="" type="checkbox"/> | 41. Hot Tubs-Locked - Inaccessible | Y/N N | |
| <input checked="" type="checkbox"/> | 42. Ventilation, Light and Temperature- 65° | | |
| <input checked="" type="checkbox"/> | 43. Window Safety | | |
| <input checked="" type="checkbox"/> | 44. Washing Toileting, Sewage Garbage Facilities | | |
| <input checked="" type="checkbox"/> | 45. Adequate and Safe Water - Type of System: Public Water | | |
| <input type="radio"/> | 46. Water Temperature- 60°-120° | Failed to maintain safe water temperature between 60-120 degrees, measured 133.5 degrees at todays visit. | |
| <input checked="" type="checkbox"/> | 47. Pasteurization of Milk Supply | | |
| <input type="radio"/> | 48. Working Phone, Emergency Numbers Posted | Failed to maintain complete emergency phone numbers, only four children listed when there are six enrolled. | |
| <input checked="" type="checkbox"/> | 49. Safe Transportation Registered, Insured, Restraints | | |
| <input checked="" type="checkbox"/> | 50. First Aid supplies | | |
| <input checked="" type="checkbox"/> | 51. Pet protection Pets? Rabies Certs? | Type: Cat Y | |
| <input checked="" type="checkbox"/> | 52. Smoking Prohibited | | |
| RESPONSIBILITIES OF PROVIDER 19a-87b-10 | | | |
| <input type="radio"/> | 53. Enrollment Form | Failed to maintain child enrollment form(s) for the child attending this week only. | |

| | | |
|-------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> | 54. Child Health Record | Failed to maintain child health record(s) for the child attending only for one week. |
| <input type="radio"/> | 55. Immunizations | Failed to maintain immunization record(s) for the child attending only for one week. |
| <input type="radio"/> | 56. Emergency Permission | Failed to maintain complete emergency care information for the child attending only for one week. |
| <input type="radio"/> | 57. Authorized Release | Failed to maintain complete written parent permission to authorize removal of child(ren) for the child attending only for one week. |
| <input type="radio"/> | 58. Field Trip and Transportation Permission-To/From School | Failed to maintain written parent permission for transportation of child(ren) for the child attending only for one week. |
| <input checked="" type="checkbox"/> | 59. Swimming Permission | |
| <input checked="" type="checkbox"/> | 60. Incident Log | |
| <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 type="radio"/> | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet | Failed to ensure that infants are not placed to sleep on a sofa, bed, couch, soft mattress, waterbed or other soft surface, an infant was found in the bedroom sleeping on soft adult bed. |

| | | |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|
| 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

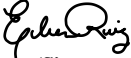

| | | |
|----------|----------------------------------------------------------------------|--|
| X | 93. Access- Immediate, Entire or Part of Facility and Records | |
|----------|----------------------------------------------------------------------|--|

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

| | | |
|----------|---------------------------------------------------------------|--|
| 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 | |

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

| | | |
|----------|--------------------------------------------------------------------------------|--|
| 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 | | | |
| | 114. Consent Order - Negotiated Corrective Action Plan | N/A? X | |
| <u>YES or NO?</u> Yes | WERE VIOLATIONS CITED DURING THIS VISIT? | | |
| DISCUSSIONS/COMMENTS | | | |
| <p>Reviewed safe sleep procedures with the provider. Discussed that under no circumstances may infants sleep on any piece of equipment that is not designed for infant sleeping. An adult bed is not appropriate for infants. No items may be used for infants under 12 months such as pillows and blankets. The provider immediately placed the baby in a pack and play crib during the visit. Reviewed keeping all exits clear and passable with no hazardous items. Reviewed that regardless of the enrollment length, all children attending and receiving care must have all documents required by the agency.</p> | | | |
| <p>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.</p> | | | |
| <p>APPLICANTS- PLEASE NOTE: You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</p> | | | |
|  (Signature of OEC Representative) | (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: |  (Signature of Provider/Applicant/Substitute) |
| Eileen Ruiz (Printed Name) | (Printed Name) | 06/25/2024 | JULIA ZAMORA (Printed Name) |