



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	JULIA ZAMORA		License Number	DCFH.57474	Date of Inspection	06/27/2024
			Expiration Date	2/28/2025	Time of Inspection	10:00 AM
Address	746 WOOD AVE BRIDGEPORT CT 06604		Telephone	(203) 360-1820	Regular Capacity	6
			Days and Hours	MONDAY - FRIDAY 7:00AM - 6:00PM	School Age Capacity	3
# Children Present	6	# Under 18 months present	2	Summer Care	Open	
Purpose of Inspection	Follow up		Name of Inspector	Eileen Ruiz		
Provider's Email	mary16jjj@hotmail.com		Inspector's Email	eileen.ruiz@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).

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-10(a)]	Description: 004-Capacity
In compliance	
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction
In compliance	

Statute and/or Regulation: [19a-87b-9(c)]	Description: 025-Bio Contaminants Disposed Safely
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Bio contaminants were not observed at visit. Bathroom toilet chair was not in use.

Statute and/or Regulation: [19a-87b-9(d)(1)]	Description: 026-Safe Storage of Flammables
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All flammables stored away.

Statute and/or Regulation: [19a-87b-9(d)(4)]	Description: 029-Safe Exits
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Egress has been cleared.



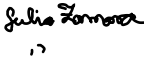
Statute and/or Regulation: [19a-87b-9(d)(5)]	Description: 033-Emergency Evacuation Drills-Quarterly
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Drills have been documented.

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

NOTE: 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.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Eileen Ruiz (Printed Name)	(Printed Name)		JULIA ZAMORA (Printed Name)