



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	DEBRA ZAKRZEWSKI		License Number	DCFH.36259	Date of Inspection	11/19/2024
			Expiration Date	5/31/2026	Time of Inspection	09:04 AM
Address	31 ROOT AVE BRISTOL CT 06010-5435		Telephone	(860) 584-0762	Regular Capacity	6
			Days and Hours	M - F 700 - 400	School Age Capacity	3
# Children Present	3	# Under 18 months present	1		Summer Care	Open
Purpose of Inspection	Partial for violations cited at previous inspection		Name of Inspector	Patty Tyburski		
Provider's Email	debzak2@aol.com		Inspector's Email	patricia.tyburski@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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Statute and/or Regulation:	Description:
Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-6(e)]	Description: 016-Judgment
Statute and/or Regulation: [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description: 019-Substitute/Assistant

Statute and/or Regulation: [19a-87b-10(i)]	Description: 081-Supervision-At All Times, Indoors/Outdoors
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Statute and/or Regulation: [19a-87b-10(i)(4)]	Description: 085-Substitute Care
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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
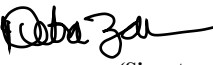
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Discussed:
Provider changing last name on License.
Husband becoming an assistant and what the role of assistant is.

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.
- 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)
Patty Tyburski (Printed Name)	Melina Perez (Printed Name)		DEBRA ZAKRZEWSKI (Printed Name)