

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other Addendum

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Julia Zamora Date: 8/4/22 Time: 10:40
Location Address: 746 Wood Ave Bridgeport Telephone #: 203 360 1820
e-mail address: maryjjj@hotmail.com License #: 57474 Expiration Date: 2/28/25
Capacity: 6+3 # of Children Present: 7 # of Staff Present: 1

Consent to Inspect Family Child Care Home	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature <u>N/A</u>
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Purpose of visit: Addendum to Follow up on 8/4/22 9:15am

Observations/Corrections needed:

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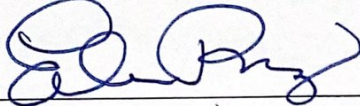
Reviewed adequate and safe water. Specialists recommends and deems necessary a water sample from the sink used for beverage and food preparation. Discussion was had at the end of the visit based on a conversation the parent had with provider regarding levels of lead that a pediatrician questioned. A list has been sent to provider via email with in-state approved laboratories.

upon discussion with supervisor, it was decided to mark the lead water test as a discussion after site visit. Supplemental emailed to provider.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: 
(OEC Representative)
Print Name: Ellen Ruiz

Signature: N/A
(Person in Charge)
Print Name: N/A