

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Julia Zamora Date: 8/8/22 Time: 11:45a

Location Address: 746 Wood Ave Bridgeport CT Telephone #: 2033601820

e-mail address: mary16jjj@hotmail.com License #: 57474 Expiration Date: 2/28/25

Capacity: 6+3 # of Children Present: 3 # of Staff Present: 1

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature X Julia Zamora

Purpose of visit: Follow-up on Capacity for inspection done on 8/4/22

Observations/Corrections needed:

Observed 3 children present at today's visit.

No violations.

Discussed CAP is due today 8/8/22 from inspection on 7/25/22.

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: \_\_\_\_\_

Print Name: Eileen Ruiz

Signature: X Julia Zamora

Print Name: Julia Zamora