

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Adriana Zamora Date: 5/24/23 Time: 11:30

Location Address: 14 Adeline St. New Haven Telephone #: 203 988 7264

e-mail address: donovan.zamora@yahoo.com License #: 56928 Expiration Date: 5-31-25

Capacity: 6-3 # of Children Present: 4 # of Staff Present: 1

<b>Consent to Inspect Family Child Care Home</b>	<i>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</i>
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Purpose of visit: monitoring

Observations/Corrections needed:

#40 - Observed water temp in bathroom to exceed regulations 100°-120° it was 134°

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: 6/7/23

Signature: [Signature]  
(OEC Representative)  
Print Name: Silvana Carrion Zamora MET

Signature: [Signature]  
(Person in Charge)  
Print Name: Adriana Zamora