

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Julia Zamora Date: 8/18/23 Time: 9:00a

Location Address: 746 Wood Ave Bridgeport Telephone #: 203 360 1820

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

Capacity: 6/3 # of Children Present: 2+1 # 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 <u>X Julia Zamora</u></i>
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Purpose of visit: Follow up - crib mattress

Observations/Corrections needed:

← No violations →

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: [Signature]  
(OEC Representative)  
Print Name: Elmer Ruiz  
Signature: Julia Zamora  
(Person in Charge)  
Print Name: Julia Zamora