



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	RAFAELA GOMEZ		License Number	DCFH.54127	Date of Inspection	11/14/2024
			Expiration Date	7/31/2026	Time of Inspection	09:55 AM
Address	44 BERKELEY AVE APT 1 NEW LONDON CT 06320-5346		Telephone	(860) 728-8901	Regular Capacity	6
			Days and Hours	24/7	School Age Capacity	3
# Children Present	0	# Under 18 months present	0		Summer Care	Open
Purpose of Inspection	Follow up visit		Name of Inspector	Evelyn Vicente-Quinones		
Provider's Email	amaliafilomeno123@gmail.com		Inspector's Email	evelyn.vicente-quinones@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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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:

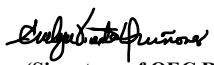

<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Provider not present; significant other who is a licensed provider on the second floor of property provided full access of home indoors and outdoors. No children present and Mr. Batista stated Ms. Gomez is at her daughters home caring for children with daughter DCFH 58061. Mr Batista stated he is awaiting a contractor to clean up backyard.

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)
Evelyn Vicente-Quinones (Printed Name)	 (Printed Name)		RAFAELA GOMEZ (Printed Name)