


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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Julissa Perdomo Date: 1/29/25 Time: 9:45am  
Location Address: 111 S. Main St, Unit 4, Norwalk Telephone #: 347-261-8466  
e-mail address: julissa.478@gmail.com License #: 56953 Expiration Date: 8/31/25  
Capacity: 6+3 # of Children Present: 6 # of Staff Present: 2

**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: 

Purpose of visit: 2025-79


#### Observations/Corrections needed:

- (S) 19a-87b-10(a) - Capacity - when provider was caring for 7 children at the time the food program staff visited the home.
- (S) 19a-87b-6(e) - Judgment - when provider cared for 7 children without an approved substitute/Assistant.
- (S) 19a-87b-10(b)(1) - Enrollment - 5 children enrolled are missing enrollment forms.
- (S) 19a-87b-10(b)(2) - Child Health Record - 4 children enrolled are missing or have expired health records.
- (S) 19a-87b-10(b)(2)(v) - Immunizations - 4 children enrolled do not have up to date immunizations
- (S) 19a-87b-10(b)(3)(B) - Emergency Permission - 5 children enrolled do not have emergency permission
- 19a-87b-10(b)(3)(A) - Authorized Release - 5 children enrolled
- (S) do not have authorize release.

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: 2/12/25

Signature:   
(OEC Representative)  
Print Name: Carlos Albizu  
Signature: Julissa Perdomo  
(Person in Charge)  
Print Name: JULISSA PERDOMO