



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	KARLA B GOMEZ NUNEZ				<b>License Number</b>	DCFH	<b>Date of Inspection</b>	02/27/2025
					<b>Expiration Date</b>		<b>Time of Inspection</b>	08:30 AM
<b>Address</b>	60 ADMIRAL ST WEST HAVEN CT 06516-1611				<b>Telephone</b>	(914) 536-5034	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:00 AM 6:00 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	0	<b>Weekend Hours</b>	No
					<b>Total children present</b>	0	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow-Up for pending outdoor inspection due to snow covering.				<b>Inspector's Name</b>	Jenny Ferreira		
<b>Provider's Email</b>	Karla.Kggo4@gmail.com				<b>Inspector's Email</b>	jenny.ferreira@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**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-9(f)(1)]	<b>Description:</b> 039-Safe Space-Sufficient
Observed playground area is in compliance. Pictures added.	
<b>Statute and/or Regulation:</b>	<b>Description:</b>

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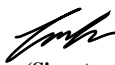

<b>Statute and/or Regulation:</b>	<b>Description:</b>

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

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Substitute/Applicant)
<b>Jenny Ferreira</b> (Printed Name)	 (Printed Name)		<b>KARLA B GOMEZ NUNEZ</b> (Printed Name)