



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	JULISSA PERDOMO				License Number	DCFH.56953	Date of Inspection	11/25/2025
					Expiration Date	8/31/2029	Time of Inspection	08:26 AM
Address	111 S MAIN ST UNIT 4 NORWALK CT 06854-3148				Telephone	(347) 261-0460	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?	<input checked="" type="checkbox"/>	No?	<input type="checkbox"/>	Days of Operation	Mon-Fri	Summer Hours	Open
New Address	1225 Cutspring Rd. Stratford CT 06614				# Under 18 mths present	0	Weekend Hours	No
					Total children present	0	Night Hours	No
Type of Inspection	Follow Up- Body of Water 11.20.2025*****				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	Delanney.200@gmail.com				Inspector's Email	silvana.carreon-zegarra@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:	[19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	Description:	040-Body of Water
The provider removed the pool.			
Statute and/or Regulation:		Description:	
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OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(f)(2)]	Description: 007-License Posted

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:




Statute and/or Regulation:	Description:

WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: Yes
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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. Providers are required by statutes and regulations to be in compliance at all times.
- **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: 12/09/2025	 (Signature of Provider/Substitute/Applicant)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)		JULISSA PERDOMO (Printed Name)