



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	JULISSA PERDOMO				<b>License Number</b>	DCFH.56953	<b>Date of Inspection</b>	02/26/2026
					<b>Expiration Date</b>	8/31/2029	<b>Time of Inspection</b>	12:28 PM
<b>Address</b>	1225 CUTSPRING RD STRATFORD CT 06614-1970				<b>Telephone</b>	(347) 261-0460	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	7:00 AM – 5:00 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 - Body of Water				<b>Inspector's Name</b>	Silvana Carreon Zegarra		
<b>Provider's Email</b>	Delanney.200@gmail.com				<b>Inspector's Email</b>	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**

<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)(2) and/or 19a-87b-9(f)(4)]	<b>Description:</b> 040-Body of Water
No pool was observed during the visit.	
<b>Statute and/or Regulation:</b>	<b>Description:</b>

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

The provider does not have children enrolled at this moment. No body of water was observed during the visit. No violation founds during the inspection.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Substitute/Applicant)
<b>Silvana Carreon Zegarra</b> (Printed Name)	 (Printed Name)		<b>JULISSA PERDOMO</b> (Printed Name)