



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

| | | | | | | | | |
|-------------------------------------|--|-------------------------------|-------------------|----------------------------|--------------------------------|--------------------------------|---------------------------|------------|
| Provider | MAYERLIN GOMEZ | | | | License Number | DCFH.57855 | Date of Inspection | 03/12/2026 |
| | | Expiration Date | 7/31/2027 | Time of Inspection | 03:01 PM | | | |
| Address | 34 WALLACE ST WEST HAVEN CT 06516-3834 | | | | Telephone | (203) 737-0086 | Regular Capacity | 6 |
| | | Hours of Operation | 6:30 AM – 5:00 PM | School Age Capacity | 3 | | | |
| Is this a Change of Address? | Yes? | | No? | X | Days of Operation | Mon-Fri | Summer Hours | Open |
| New Address | | | | | # Under 18 mths present | 0 | Weekend Hours | No |
| | | Total children present | 4 | Night Hours | No | | | |
| Type of Inspection | Follow-Up 2/25/26 inspection-Outdoor Space | | | | Inspector's Name | Silvana Carreon Zegarra | | |
| Provider's Email | mayerlin_07@hotmail.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: [-] | Description: 000 No Violations |
| No violations were cited during this inspection | |
| Statute and/or Regulation: | Description: |
| Statute and/or Regulation: | Description: |
| Statute and/or Regulation: | Description: |
| Statute and/or Regulation: | Description: |

| | |
|---|--|
| Statute and/or Regulation: | Description: |
| | |
| Statute and/or Regulation: | Description: |
| | |
| Statute and/or Regulation: | Description: |
| | |
| Statute and/or Regulation: | Description: |
| | |
| Statute and/or Regulation: | Description: |
| | |
| Statute and/or Regulation: | Description: |
| | |
| Statute and/or Regulation: | Description: |
| | |
| Statute and/or Regulation: | Description: |
| | |
| OTHER FINDINGS-REGULATIONS IN COMPLIANCE | |
| Statute and/or Regulation: [19a-87b-9(f)(1-2)] | Description: 039-Indoor/Outdoor Space-Safe and Sufficient |
| | |
| Statute and/or Regulation: | Description: |
| | |

| | |
|-----------------------------------|---------------------|
| 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: No |
|---|--------------------------|

DISCUSSIONS/COMMENTS

No violations were found 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) | DATE CORRECTIONS DUE BY: |  (Signature of Provider/Substitute/Applicant) |
| Silvana Carreon Zegarra (Printed Name) | (Printed Name) | | MAYERLIN GOMEZ (Printed Name) |