



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	PAOLA STEFANY CUJI GOMEZ				<b>License Number</b>	DCFH	<b>Date of Inspection</b>	05/12/2026
					<b>Expiration Date</b>		<b>Time of Inspection</b>	02:14 PM
<b>Address</b>	79 CROFTON ST NEW HAVEN CT 06513-4616				<b>Telephone</b>	(203) 997-4644	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:30 AM – 5:30 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 to Initial Inspection.				<b>Inspector's Name</b>	Carmen Valenzuela		
<b>Provider's Email</b>	cujistefany2@gmail.com				<b>Inspector's Email</b>	carmen.valenzuela@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> [19a-87b-7(a)]	<b>Description:</b> 017-Medical Statement
Provider not in compliance with maintaining complete medical forms/ health assessment record for records for one child who is a household member, who had only aWIC Medical Form, that was missing all the required statements and TB screening information.	
<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-5(d) and/or 10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-6(b)]	<b>Description:</b> 013-Medical Statement
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The regulation regarding the provider's medical statement was found to be in compliance during this visit. The expiration date of the form was updated, as it was showing the date it was signed by physician, and not the expiration date.

<b>Statute and/or Regulation:</b> [19a-87b-9(d)(3)]	<b>Description:</b> 028-Electrical Safety
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The regulation regarding electrical safety was found to be in compliance during this visit. Cables were secured to the wall.

<b>Statute and/or Regulation:</b> [19a-87b-9(d)(9)]	<b>Description:</b> 037-Auxilliary Heating System
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The regulation regarding auxiliary heating systems was found to be in compliance during this visit. Applicant provided safety inspection reports for wood stove insert, and statement of work completed.

<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
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The regulation regarding bodies of water/fencing was found to be in compliance during this visit. The pool was removed.



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

CAP pending from the Initial Inspection, as health assessment record for youngest household member is still pending.

**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 Provider/Substitute/Applicant)	DATE CORRECTIONS DUE BY:
<b>Carmen Valenzuela</b> (Printed Name)	<b>PAOLA STEFANY CUJI GOMEZ</b> (Printed Name)	