



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	ILSI SALGUERO			License Number	DCFH.57727	Date of Inspection	12/06/2023
				Expiration Date	9/30/2026	Time of Inspection	11:20 AM
Address	35 LINDA LN BETHEL CT 06801-1619			Telephone	(914) 564-3032	Regular Capacity	6
				Days and Hours	Monday - Friday 6 AM - 6 PM	School Age Capacity	3
# Children Present	9	# Under 18 months present	3			Summer Care	Open
Purpose of Inspection	Follow up-pool			Name of Inspector	Janarish Lopez		
Provider's Email	maga29.is@gmail.com			Inspector's Email	janarish.lopez@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

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	040-Body of Water	




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<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

Comments:

NOTE: 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)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Janarish Lopez (Printed Name)	(Printed Name)		(Printed Name)