



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	LUCY PERALTA GONZALEZ				<b>License Number</b>	DCFH.57882	<b>Date of Inspection</b>	08/27/2025
					<b>Expiration Date</b>	8/31/2027	<b>Time of Inspection</b>	11:44 AM
<b>Address</b>	4 WATERHORSE BROOK DR BETHEL CT 06801-2618				<b>Telephone</b>	(732) 486-9563	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	5:00 AM – 10:00 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Sat	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	1	<b>Weekend Hours</b>	No
					<b>Total children present</b>	5	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Full follow up - infant bottle feeding				<b>Inspector's Name</b>	Janarish Lopez		
<b>Provider's Email</b>	lucygonzalez1008@yahoo.com				<b>Inspector's Email</b>	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*

**REGULATORY VIOLATIONS**

<b>Statute and/or Regulation:</b> [19a-87b-10(b)(2)]	<b>Description:</b> 054-Child Health Record
Provider not in compliance with maintaining child health record for 1 child in care that wasn't previously disclosed	
<b>Statute and/or Regulation:</b> [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	<b>Description:</b> 055-Immunizations
Provider not in compliance with maintaining immunization record for 1 child in care that wasn't previously disclosed.	
<b>Statute and/or Regulation:</b> [19a-87b-10(b)(3)(B)]	<b>Description:</b> 056-Emergency Permission Form
Provider not in compliance with maintaining complete emergency care information for 1 child	
<b>Statute and/or Regulation:</b> [19a-87b-10(b)(3)(C) and/or 19a-87b-10(b)(3)(D)]	<b>Description:</b> 058-Field Trip and Transportation Permission
Provider not in compliance with maintaining complete written parent permission for transitioning children to/from school for 1 child	
<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-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-10(e)]	<b>Description:</b> 071-Infant Care: Individual Attention/Held for Bottle Feedings
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<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> Yes
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<b>DISCUSSIONS/COMMENTS</b>
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<b>IMPORTANT NOTES</b>
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- *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>  09/10/2025	 (Signature of Provider/Substitute/Applicant)
<b>Janarish Lopez</b> (Printed Name)	(Printed Name)		<b>LUCY PERALTA GONZALEZ</b> (Printed Name)