




**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	LUCY PERALTA GONZALEZ				<b>License Number</b>	DCFH.57882	<b>Date of Inspection</b>	10/21/2025
					<b>Expiration Date</b>	8/31/2027	<b>Time of Inspection</b>	01:05 PM
<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>	Follow up				<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> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<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

Statute and/or Regulation: [19a-87b-6(a)]	Description: 012-Awareness of/Understanding of Regulations
---	--

Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check
---	-----------------------------------

Statute and/or Regulation: [19a-87b-9(h)]	Description: 046-Water Temperature
---	------------------------------------



Statute and/or Regulation: [19a-87b-10(b)(2)]	Description: 054-Child Health Record
---	--------------------------------------

WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
--	------------

<b>DISCUSSIONS/COMMENTS</b>
-----------------------------

<b>IMPORTANT NOTES</b>
------------------------

- *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)
<b>Janarish Lopez</b> (Printed Name)	 (Printed Name)		<b>LUCY PERALTA GONZALEZ</b> (Printed Name)