



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

|                                     |  |  |     |   |                                |                       |                            |            |
|-------------------------------------|--|--|-----|---|--------------------------------|-----------------------|----------------------------|------------|
| <b>Provider</b>                     | ILSI SALGUERO                          |  |     |   | <b>License Number</b>          | DCFH.57727            | <b>Date of Inspection</b>  | 03/17/2026 |
|                                     |  |  |     |   | <b>Expiration Date</b>         | 9/30/2026             | <b>Time of Inspection</b>  | 03:15 PM   |
| <b>Address</b>                      | 35 LINDA LN<br>BETHEL<br>CT 06801-1619 |  |     |   | <b>Telephone</b>               | (914) 564-3032        | <b>Regular Capacity</b>    | 6          |
|                                     |  |  |     |   | <b>Hours of Operation</b>      | 7:00 AM – 6:30 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> | 1                     | <b>Weekend Hours</b>       | No         |
|                                     |  |  |     |   | <b>Total children present</b>  | 9                     | <b>Night Hours</b>         | No         |
| <b>Type of Inspection</b>           | Outside play area inspection           |  |     |   | <b>Inspector's Name</b>        | Janarish Lopez        |                            |            |
| <b>Provider's Email</b>             | maga29.is@gmail.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-9(f)(2) and/or 19a-87b-9(f)(4)] | <b>Description:</b> 040-Body of Water |
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Provider not in compliance with maintaining a sturdy fence/barrier 4 feet high observed rocks in front of the fence that made the measurements less than 4ft. Observed the measurement of the fence around the pool at 3ft10in.

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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>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>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>Statute and/or Regulation:</b>                             | <b>Description:</b>                                |
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| <b>Statute and/or Regulation:</b>                             | <b>Description:</b>                                |
|   |  |
| <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                   |
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| <b>Statute and/or Regulation:</b> [19a-87b-5(e)]              | <b>Description:</b> 006-Infant/Toddler Restriction |
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| <b>Statute and/or Regulation:</b> [19a-87b-9(f)(1-2)] | <b>Description:</b> 039-Indoor/Outdoor Space-Safe and Sufficient |
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| <b>Statute and/or Regulation:</b> [19a-87b-9(f)(3)] | <b>Description:</b> 041-Hot Tubs |
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| <b>Statute and/or Regulation:</b> | <b>Description:</b> |
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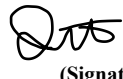
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| <b>Statute and/or Regulation:</b> | <b>Description:</b> |
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| <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> | <b>YES/NO:</b> Yes |
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| <b>DISCUSSIONS/COMMENTS</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.*

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| <br>(Signature of OEC Representative) | (Signature of OEC Representative) | <b>DATE CORRECTIONS DUE BY:</b><br><br>03/31/2026 | <br>(Signature of Provider/Substitute/Applicant) |
| <b>Janarish Lopez</b><br>(Printed Name)   | (Printed Name)                    | <b>ILSI SALGUERO</b><br>(Printed Name)            | <b>ILSI SALGUERO</b><br>(Printed Name)  |