



**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](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL**

<b>Provider</b>	LILIANA LOBO RIVAS			<b>License Number</b>	DCFH.57532	<b>Date of Inspection</b>	11/27/2023
				<b>Expiration Date</b>	8/31/2025	<b>Time of Inspection</b>	01:17 PM
<b>Address</b>	483 PUMPKIN HILL RD SHELTON CT 06484-3852			<b>Telephone</b>	(203) 981-7380	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	M-F 7:30am - 5:00pm	<b>School Age Capacity</b>	3
<b># Children Present</b>	5	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up			<b>Name of Inspector</b>	Eileen Ruiz		
<b>Provider's Email</b>	smartlyfun@gmail.com			<b>Inspector's Email</b>	eileen.ruiz@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

--	--	--

**Other Findings-In Compliance**

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	Provider was in capacity at time of visit.
[19a-87b-5(e)]	006-Infant/Toddler Restriction	Provider was in capacity at time of visit.
[19a-87b-8a]	021-Background Check	Provider now has access to Bcis and has a roster created and provider has a wsp status
[19a-87b-9(c)]	024-Harmful Substances and Materials Inaccessible	Kitchen cabinet is now locked and secure.
[19a-87b-9(d)(5)]	033-Emergency Evacuation Drills-Quarterly	Drills are being documented

[19a-87b-9(d)(6)]	034-Smoke Detectors	Last level of home has detector
[19a-87b-9(d)(7)]	035-Carbon Monoxide Detector	Last level of home has detector
[19a-87b-10(b)(2)]	054-Child Health Record	Medical appointment made for the child



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

**Discussions:**

No additional violations found during visit.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute/Emergency Caregiver)
Eileen Ruiz (Printed Name)		(Printed Name)