



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ESTEFANY RUBIO POLANCO			License Number	DCFH	Date of Inspection	05/23/2024
				Expiration Date		Time of Inspection	10:15 AM
Address	39 AUSTIN ST FL 1 NEW BRITAIN CT 06051-2815			Telephone	(860) 577-4398	Regular Capacity	6
				Days and Hours	6am-10pm	School Age Capacity	3
# Children Present	1	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Follow up safe space outdoors			Name of Inspector	Eileen Ruiz		
Provider's Email	estefanyrubiopolanco@gmail.com			Inspector's Email	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).

Estefany Rubio

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation:	[19a-87b-9(f)(1)]	Description:	039-Safe Space-Sufficient
Failed to ensure sufficient outdoor space to accommodate 6+3 children comfortably. The barrier created does not have enough space for children to perform various activities outdoors. Currently, It can fit at most 4 young children.			
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation:	Description:
----------------------------	--------------

--	--

Statute and/or Regulation:	Description:
----------------------------	--------------

--	--

Statute and/or Regulation:	Description:
----------------------------	--------------

--	--

Statute and/or Regulation:	Description:
----------------------------	--------------




--	--

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

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)
Eileen Ruiz (Printed Name)	 (Printed Name)		ESTEFANY RUBIO POLANCO (Printed Name)