

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Soraya Cubillos Date: 12/2/21 Time: 8:35a  
Location Address: 192 Silver Sands Rd East Haven Telephone #: 203-508-2120  
e-mail address: colombiacubillos@gmail.com License #: 54405 Expiration Date: 4/30/25  
Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

<b>Consent to Inspect Family Child Care Home</b>	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child-Care Home Regulations. Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Consent order monitoring #2

Observations/Corrections needed:


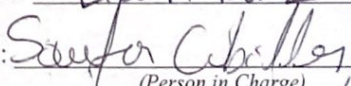
- NO violations observed during inspection of consent order monitoring -
- (NS) Condition #7 provider is in compliance, no children enrolled under age 2.
- (NS) Condition # 8+8a provider is in compliance, all trainings are on file at program
- (NS) Condition #9,9a,9b provider in compliance, all trainings on file.
- (NS) Condition #10 condition is met, provider is in compliance with payment.

Discussions: Discussed outdoor play area cleanliness. Items that are not used should be put in a shed or storage, i.e. garden stands and garden fences. Outdoor space should be checked and cleaned before play time.

**S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: \_\_\_\_\_

Signature:   
(OEC Representative)  
Print Name: Eileen Ruiz  
Signature:   
(Person in Charge)  
Print Name: Soraya Cubillos