

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ray's of Sunshine Date: 11/15/23 Time: 7:30

Location Address: 3211 n. Main St Waterbury Telephone #: 203-903-PIFY

e-mail address: RayannLezama@gmail.com License #: 70710 Expiration Date: 4/30/27

Capacity: 23/8 # of Children Present: 5/1 # of Staff Present: 2(1)

Consent to Inspect Family Child Care Home	<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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: follow up on ratio.

Observations/Corrections needed:

In compliance today. 6:2 (1)

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

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

Signature: Kusum Krish
(OEC Representative) Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: R. Lezama
(Person in Charge)
Rayann Lezama