



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	SORAYA CUBILLOS			<b>License Number</b>	DCFH.54405	<b>Date of Inspection</b>	01/29/2025
				<b>Expiration Date</b>	4/30/2025	<b>Time of Inspection</b>	02:15 PM
<b>Address</b>	192 SILVER SANDS RD EAST HAVEN CT 06512-4169			<b>Telephone</b>	(203) 508-2120	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	24/7	<b>School Age Capacity</b>	3
<b># Children Present</b>	0	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Body of Water Follow-up			<b>Name of Inspector</b>	Jenny Ferreira		
<b>Provider's Email</b>	colombiacubillos@gmail.com			<b>Inspector's Email</b>	jenny.ferreira@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> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings-Regulations In Compliance</b>	
Statute and/or Regulation: [19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	Description: 040-Body of Water
Observed pool partially dissembled in process to be removed.	
Statute and/or Regulation:	Description:

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<b>YES/NO:</b>	No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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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.*
- *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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
<b>Jenny Ferreira</b> (Printed Name)	 (Printed Name)		<b>SORAYA CUBILLOS</b> (Printed Name)