



DIVISION OF LICENSING
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FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SORAYA CUBILLOS				License Number	DCFH.54405	Date of Inspection	11/18/2025
					Expiration Date	4/30/2029	Time of Inspection	09:20 AM
Address	192 SILVER SANDS RD EAST HAVEN CT 06512-4169				Telephone	(203) 508-2120	Regular Capacity	6
					Hours of Operation	24 HOURS – 24 HOURS	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sun	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	Yes
					Total children present	0	Night Hours	Yes
Type of Inspection	2nd consent order monitoring				Inspector's Name	Evelyn Vicente-Quinones		
Provider's Email	colombiacubillos@gmail.com				Inspector's Email	evelyn.vicente-quinones@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

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-6(a)]	Description: 012-Awareness of/Understanding of Regulations
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Provider stated she has read and understands the statues and regulations.

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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DISCUSSIONS/COMMENTS

Condition #8 Condition in compliance at time of visit; Ms. Cubillos reported she has read and understand the regulations.
 Condición #8 Condición en cumplimiento; Sra. Cubillos reporto que ha leído las regulaciones y reporto que las entiende.
 Condition # 9 Condition in compliance at time of visit; Ms. Cubillos reported only her son and herself reside in the home, both are in "current" status in the OEC BCIS system.
 Condición #9 Condición en cumplimiento durante la visita; Sra. Cubillos reporto que solo su hijo y ella viven en el hogar, ambos están en el sistema de BCIS actuales ("current")
 Condition # 10 Condition in compliance at time of visit; Ms. Cubillos reported she understands this condition and will comply in order to avoid revocation.
 Condición #10 Condición en cumplimiento durante la visita; Sra. Cubillos reporto que ella entiende y cumplira con esta condicion para evitar perder su licencia.
 Condition #11 Condition in compliance at time of visit; Ms. Cubillos has paid her civil penalty in full.
 Condición #11 Condición en cumplimiento durante la visita; Sra. Cubillos ha pagado su penalidad civil en completo.
 Ms. Cubillos reported she does not have any children currently enrolled as she has employment outside her home. Ms. Cubillos will communicate with the OEC when she will reopen child care upon enrolling one or more children no later than five business days.
 Sra. Cubillos reporto que no tiene niños matriculados en este momento, está trabajando fuera del hogar. Sra. Cubillos entiende que tendrá que comunicarse con la OEC cuando abra su cuidado y matricula un niño o más en su cuidado no mas tardar de cinco días laborables.

IMPORTANT NOTES

- 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. Providers are required by statutes and regulations to be in compliance at all times.
- **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 Provider/Substitute/Applicant)
Evelyn Vicente-Quinones (Printed Name)	 (Printed Name)		SORAYA CUBILLOS (Printed Name)