



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	RAYSA CEBALLO				License Number	DCFH.57788	Date of Inspection	12/08/2025
					Expiration Date	2/28/2027	Time of Inspection	08:28 AM
Address	295 PLANK RD WATERBURY CT 06705-2628				Telephone	(203) 447-9747	Regular Capacity	6
					Hours of Operation	6:00 AM – 6:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	No
					Total children present	1	Night Hours	No
Type of Inspection	Follow up from full inspection				Inspector's Name	Janarish Lopez		
Provider's Email	Raysaceballo@gmail.com				Inspector's Email	janarish.lopez@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:
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-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-7(a)]	Description: 017-Medical Statement
---	------------------------------------

--	--

Statute and/or Regulation: [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description: 019-Substitute/Assistant
--	---------------------------------------

--	--

Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check
---	-----------------------------------

--	--

Statute and/or Regulation: [19a-87b-9(b)]	Description: 023-Freedom of Hazards
---	-------------------------------------

--	--




WERE VIOLATIONS CITED DURING THIS VISIT?	<u>YES/NO:</u> No
--	-------------------

DISCUSSIONS/COMMENTS

Reviewed corrections completed in the home from the full inspection

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)
Janarish Lopez (Printed Name)	 (Printed Name)		RAYSA CEBALLO (Printed Name)