☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Senovia Hernandez Date: 9/19/22 Time: 11:40A

Location Address: 232 Hillside Ave CT, Vacaville Telephone #: 860-459-8118

e-mail address: Sennovia.daycare@gmail.com License #: 53047 Expiration Date: 10/31/24

Capacity: 6+3 # of Children Present: 1 # of Staff Present: 1

Consent to Inspect Family Child Care Home	*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*** X Senovia Hernandez

Purpose of visit: Follow Up: Supervision

Observations/Corrections needed:

-No Violations found at time of visit.

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: Jandrish Lopez

Signature: Senovia Hernandez *(Person in Charge)*

Print Name: _____