

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Senovia Hernandez Date: 11/7/22 Time: 1:30p

Location Address: 232 Hillside Ave. Waterbury Telephone #: 860.459.8118

e-mail address: Haracelis37@yahoo.com. License #: 53047 Expiration Date: 10.31.24

Capacity: 6⁺³ # of Children Present: 82 # of Staff Present: 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. Provider/Applicant/Substitute's Signature: <u>Senovia Hernandez</u></i>
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Purpose of visit: Partial From full inspection.

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: [Signature]
(OEC Representative)

Print Name: Analish Lopez

Signature: Senovia Hernandez
(Person in Charge)

Print Name: Senovia Hernandez