

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Luz M. Hernandez Quezada Date: 9/27/23 Time: 9:35am
Location Address: 80 Colonial Rd, Stamford Telephone #: 203-832-4880
e-mail address: luzmariahernandez@gmail.com License #: 57383 Expiration Date: 10/31/24
Capacity: 6⁺ # of Children Present: 3 # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature: Luz Hernandez

Purpose of visit: 2023-922

Observations/Corrections needed:

(NS) 19a-87b-5 - Terms of the License - There is insufficient evidence to support that the Provider failed to comply with the terms of her license when child was terminated

(S) 19a-87b-10(b)(4) - Responsibilities of the Provider - Incident Report. Provider failed to document an incident when a child under her care suffered a mark on his forehead.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/11/23

Signature: [Signature]
(Person in Charge)