

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: Elorsa Srenas Date: 11/6/23 Time: 9am
Location Address: 136 Tredeau ST, Hartford, CT Telephone #: 860-655-2114
e-mail address: fiores2002@hotmail.com License #: 5793 Expiration Date: 5/31/27
Capacity: 6+3 # of Children Present: 1 # of Staff Present: 2

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</i> <u>[Signature]</u>
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Purpose of visit: Follow-up for BCIS

Observations/Corrections needed:

(P) #21 ~~Finger~~ Per Provider report, all household members completed finger painting on 11/4/23. Waiting for update on BCIS System.
Observed Provider has access to manage her BCIS roster.

(NS) #33 Observed written evacuation drills log updated and available.

(NS) #54 Observed medical form missing for one child has been completed and filed.

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: 11/20/23

Signature: [Signature]
(Person in Charge)