



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
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 Email: oc.licensing@ct.gov Website: www.ctoec.org

SUPPLEMENTAL REPORT OF INSPECTION

Program Name	SONIA NUNEZ COLON				License Number	DCFH.57270	Date of Inspection	July 18, 2024
					Expiration Date	10/31/2027	Time of Inspection	2:00pm
Address	229 AUTUMN ST MANCHESTER, CT 06040-5553				Telephone	(860) 890-7730	Total Capacity	
					Days and Hours	MON- FRI 7:00AM-5:00PM AVAILABLE 2ND SHIFT	Under Three Capacity	
#Children Present	7	# Under 3 Present	0	# Staff Present	1	Summer Care	Open	
Purpose of Visit	Follow up: capacity, background check				Name of Inspector	Alexandra Rodriguez		
Program's Email	sonianunez45@gmail.com				Inspector's Email	alexandra.rodriguez		

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: _____

Discussions/Comments/Observations:

Addendum to Inspection on 7/17/24

#4) Capacity should have been marked on the inspection report. Observed 7 children in daycare at time of inspection with one staff present.

NOTE: Operators/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.

<i>Alexandra Rodriguez</i> (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	Emailed to provider
Alexandra Rodriguez		7/31/24	

<p>(Printed Name)</p>	<p>(Printed Name)</p>		<p>(Printed Name)</p>
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