



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SONIA NUNEZ COLON		License Number	DCFH.57270	Date of Inspection	07/22/2024
			Expiration Date	10/31/2027	Time of Inspection	09:08 AM
Address	229 AUTUMN ST MANCHESTER CT 06040-5553		Telephone	(860) 890-7730	Regular Capacity	6
			Days and Hours	MON- FRI 7:00AM-5:00PM AVAILABLE 2ND SHIFT	School Age Capacity	3
# Children Present	0	# Under 18 months present	0		Summer Care	Open
Purpose of Inspection	Follow up - capacity, background check		Name of Inspector	Alexandra Rodriguez		
Provider's Email	sonianunez45@gmail.com		Inspector's Email	alexandra.rodriguez@ct.gov		

CONSENT TO INSPECT: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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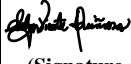
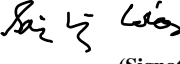
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Discussed with provider importance of following through with capacity regulations and she understands she may not care for more than six children alone without an approved staff.
Discussed with provider per supervisor she may care for children while background check status is work supervised until her status becomes her current.

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)	Evelyn Vicente-Quinones (Printed Name)		SONIA NUNEZ COLON (Printed Name)