



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SENOVIA HERNANDEZ			License Number	DCFH.53047	Date of Inspection	08/12/2024
				Expiration Date	10/31/2028	Time of Inspection	12:24 PM
Address	232 HILLSIDE AVE WATERBURY CT 06710-1813			Telephone	(860) 459-8118	Regular Capacity	6
				Days and Hours	MON-SAT 6:00 AM -12:00AM	School Age Capacity	3
# Children Present	2	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Follow up: safe sleep			Name of Inspector	Alexandra Rodriguez		
Provider's Email	Senovia.daycare@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).

Senovia Hernandez

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [19a-87b-10(c)(5)]	Description: 068-Proper Rest Provisions/Safe Cribs
Observed crib in daycare from previous inspection that does not comply with CSPC standards.	
Statute and/or Regulation: [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	Description: 074-Crib or other Provision Free from Observable Hazards
Observed 3 month old laying in crib awake with two mattresses, a bib on and two blankets in crib.	
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
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:
----------------------------	--------------

--	--

Statute and/or Regulation:	Description:
----------------------------	--------------

--	--

Statute and/or Regulation:	Description:
----------------------------	--------------

--	--

Statute and/or Regulation:	Description:
----------------------------	--------------

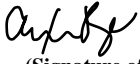
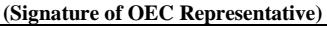
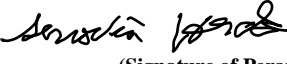
--	--

YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
--------------------	---

DISCUSSIONS/COMMENTS

Discussed with provider importance of following through with all regulations and requirements pertaining to safe sleep.

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: 08/26/2024	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		SENOVIA HERNANDEZ (Printed Name)