



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SENOVIA HERNANDEZ		License Number	DCFH.53047	Date of Inspection	08/20/2024
			Expiration Date	10/31/2028	Time of Inspection	02:31 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: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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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:
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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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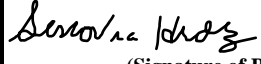
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Provider is in compliance with all safe sleep requirements.

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)			SENOVIA HERNANDEZ (Printed Name)