



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	SENOVIA HERNANDEZ			<b>License Number</b>	DCFH.53047	<b>Date of Inspection</b>	01/15/2025
				<b>Expiration Date</b>	10/31/2028	<b>Time of Inspection</b>	12:55 PM
<b>Address</b>	232 HILLSIDE AVE WATERBURY CT 06710-1813			<b>Telephone</b>	(860) 459-8118	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MON-SAT 6:00 AM -12:00AM	<b>School Age Capacity</b>	3
<b># Children Present</b>	2	<b># Under 18 months present</b>	2			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up access			<b>Name of Inspector</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	Senovia.daycare@gmail.com			<b>Inspector's Email</b>	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

<b>Statute and/or Regulation:</b> [19a-87b-7(a)]	<b>Description:</b> 017-Medical Statement
Observed one household member that has been residing in home since 12/8/24 with incomplete medical statement. Question number 1 is incomplete; unable to determine if household member poses a risk to children. Also, date of recent examination is blank.	
<b>Statute and/or Regulation:</b> [19a-87b-8a]	<b>Description:</b> 021-Background Check
Observed one household member in residence without current background check. Household members has been residing in home since 12/8/24. Household members has appointment on 1/28/25.	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-13]	<b>Description:</b> 093-Access
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Provider demonstrated access to licensing specialist when she had key to unlock upstairs bedroom.

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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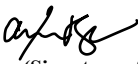

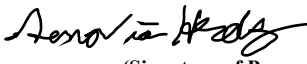
<b>YES/NO:</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Discussed with the provider the importance of ensuring any new household members have a current medical statement ensuring the household member does not pose a risk to children and current background check is complete upon moving into residence. Discussed with provider importance of having copies of keys on hand at all times if there are any bedrooms locked.

**IMPORTANT NOTES**

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- 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)	<b>DATE CORRECTIONS DUE BY:</b> 01/29/2025	 (Signature of Person in Charge)
<b>Alexandra Rodriguez</b> (Printed Name)	<b>Carlos Albizu</b> (Printed Name)		<b>SENOVIA HERNANDEZ</b> (Printed Name)