

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other Consent Order Monitoring

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sonia Nuñez Colon Date: 4/4/25 Time: 9:50 AM

Location Address: 229 Autumn Street Manchester Telephone #: 860-890-7730

e-mail address: sonianunez45@gmail.com License #: 57270 Expiration Date: 10/3/27

Capacity: 6+3 # of Children Present: 3 # of Staff Present: 1

Consent to Inspect 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.
Family Child Care Home Provider/Applicant/Substitute's Signature: Sonia Nuñez Colon

Purpose of visit: Consent Order Monitoring

Observations/Corrections needed:

Condition #8

(NS) Condition met - Provider granted access to entire home

Condition #9

(NS) Condition met - Provider was only person providing care; OEC did not observe unapproved staff providing care at time of visit.

Condition #10

(NS) Condition met - Provider has 3 children present none of which are under 18 months of age at time of visit.

Condition #12

(NS) Condition met - Provider had documentation of written policy related to record keeping

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Evelyn Vicente Quinones
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: Sonia Nuñez Colon
(Person in Charge)

Sonia Nuñez Colon