



**DIVISION OF LICENSING**  
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**SUPPLEMENTAL REPORT OF INSPECTION**

|                          |                                      |                          |   |                        |                          |                            |                             |                 |
|--------------------------|--------------------------------------|--------------------------|---|------------------------|--------------------------|----------------------------|-----------------------------|-----------------|
| <b>Program Name</b>      | LATOYA HENDERSON                     |                          |   |                        | <b>License Number</b>    | DCFH                       | <b>Date of Inspection</b>   | August 19, 2025 |
|                          |                                      |                          |   |                        | <b>Expiration Date</b>   | Pending                    | <b>Time of Inspection</b>   | 9:30am          |
| <b>Address</b>           | 77 TUDOR ST WATERBURY, CT 06704-3023 |                          |   |                        | <b>Telephone</b>         | (203) 901-8947             | <b>Total Capacity</b>       | 9               |
|                          |                                      |                          |   |                        | <b>Days and Hours</b>    | Mon-Sun<br>6:00am-6:30am   | <b>Under Three Capacity</b> |                 |
| <b>#Children Present</b> | 3                                    | <b># Under 3 Present</b> | 0 | <b># Staff Present</b> | 1                        | <b>Summer Care</b>         | Open                        |                 |
| <b>Purpose of Visit</b>  | Initial inspection                   |                          |   |                        | <b>Name of Inspector</b> | Alexandra Rodriguez        |                             |                 |
| <b>Program's Email</b>   | mrslatoyahenderson@gmail.com         |                          |   |                        | <b>Inspector's Email</b> | alexandra.rodriguez@ct.gov |                             |                 |

**Consent to inspect Family Child Care Home** *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.*  
**Provider/Applicant/Substitute:** \_\_\_\_\_

**Discussions/Comments/Observations:**

**Addendum to Inspection on 8/19/25**

Due to the increased space in the children's outdoor space, applicant is granted the 6+3 capacity.

**NOTE:** Operators/providers are required by statutes and regulations to be in compliance at all times.  
**APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| <i>Alexandra Rodriguez</i><br>(Signature of OEC Representative) | (Signature of OEC Representative) | <b>DATE CORRECTIONS DUE BY:</b><br><br>n/a | Emailed to provider<br>(Signature of Person in Charge) |
| Alexandra Rodriguez<br>(Printed Name)                           | (Printed Name)                    |  | (Printed Name)   |