



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	SENOVIA HERNANDEZ				<b>License Number</b>	DCFH.53047	<b>Date of Inspection</b>	11/10/2025
					<b>Expiration Date</b>	10/31/2028	<b>Time of Inspection</b>	12:50 PM
<b>Address</b>	232 HILLSIDE AVE WATERBURY CT 06710-1813				<b>Telephone</b>	(860) 459-8118	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:00 AM – MIDNIGHT	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	2	<b>Weekend Hours</b>	No
					<b>Total children present</b>	2	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow-up - safe sleep infant sleeping in swing/glider with blanket				<b>Inspector's Name</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	Senovia.daycare@gmail.com				<b>Inspector's Email</b>	alexandra.rodriquez@ct.gov		



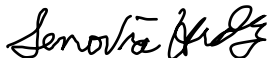
**CONSENT TO INSPECT:** I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

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Signature of Provider/Applicant/Substitute/Emergency Caregiver

**REGULATORY VIOLATIONS**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-5(d) and/or 10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-10(c)(5)]	<b>Description:</b> 068-Proper Rest Provisions/Safe Cribs
Did not observe any infants sleeping during inspection.	

<b>Statute and/or Regulation:</b>	<b>Description:</b>		
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<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	<b>YES/NO: No</b>		
<b>DISCUSSIONS/COMMENTS</b>			
Reviewed safe sleep requirements and regulations with provider.			
<b>IMPORTANT NOTES</b>			
<ul style="list-style-type: none"> <li><i>It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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.</i></li> <li><i>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. Providers are required by statutes and regulations to be in compliance at all times.</i></li> <li><i>APPLICANTS –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</i></li> </ul>			
 (Signature of OEC Representative)	 (Signature of OEC Representative)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Substitute/Applicant)
<b>Alexandra Rodriguez</b> (Printed Name)	(Printed Name)		<b>SENOVIA HERNANDEZ</b> (Printed Name)