

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sonia Robles Date: 6/23/22 Time: 1:30pm

Location Address: 596 Burnside Ave East Hartford Telephone #: 860-466-9233

e-mail address: roblessonia208@gmail.com License #: Pending Expiration Date: Pending

Capacity: 6+3 # of Children Present: 1 # of Staff Present: 2

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature: Sonia Robles

Purpose of visit: Initial Follow-up to review CAP and documentation related.

Observations/Corrections needed:

- Applicant and an approved staff with her own daughter present during visit today
- NS # 31 Observed door installed at bottom of stairs in outdoor area.
 - NS # 34 Observed smoke detector in the basement installed and working properly.
 - NS # 36 Observed fire extinguisher type ABC 5lb with charge.
 - NS # 44 Observed garbage can with a lid in the bathroom
 - NS # 24 Observed all windows on 1st and 2nd floor that were not new, had been replaced. Collected lab test ^{results} from samples ~~collected~~ ^{ad. taken} after abatement was done, and a post-abatement inspection report. Lead Management Plan was ~~also~~ reviewed and picked-up today. CAP submitted during visit.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Carmen Ebra Valenzuela
(OEC Representative)
Print Name: Carmen E. Valenzuela
Signature: Sonia Robles
(Person in Charge)
Print Name: Sonia Robles