

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Sonia Robles Date: 3/29/23 Time: 2:40pm

Location Address: 596 Burnside Ave East Hartford Telephone #: 8604669233

e-mail address: Roblessonia208@gmail.com License #: 56092 Expiration Date: 6/30/26

Capacity: 613 # of Children Present: 5 # of Staff Present: 3

<b>Consent to Inspect Family Child Care Home</b>	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's Signature _____
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Purpose of visit: To deliver and review addendum to  
visit on 3/28/23 (Unannounced Full).

Observations/Corrections needed:  
#100 No written authorization from prescriber for  
a homeopathic medicine with Eupatorium as the main  
ingredient, an anti-inflammatory component. Only  
parent permission was observed.

Note: the above citation was left out of the report  
given on 3/28/23, but was explained to the provider.

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

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

Signature: [Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 4/1/23

Signature: [Signature]  
(Person in Charge)