

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sonia Rables Date: 6/27/23 Time: 1:21pm.

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

e-mail address: roblessonia208@gmail.com License #: 56092 Expiration Date: 6/30/26

Capacity: 6+3 # of Children Present: 4 # 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 Xy Santiago

Purpose of visit: Follow-up for safe sleep.

Observations/Corrections needed:
In compliance during this 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 Elisa Valenzuela
(OEC Representative)
Print Name: Carmen Elisa Valenzuela
Signature: Ysantiago
(Person in Charge)
Print Name: Ysantiago