

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Rosa Bolorin Date: 9/8/23 Time: 9:58am

Location Address: 12 Ann St. East Hartford, CT Telephone #: 860-461-1537

e-mail address: bolorin1974@yahoo.com License #: 56470 Expiration Date: 5/31/26

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

<b>Consent to Inspect Family Child Care Home</b>	<i>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</i> <u>Rosa A Bolorin</u>
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Purpose of visit: Follow Up for Supervision

Observations/Corrections needed:

Upon my arrival, provider was inside with one child.

Provider states she understands supervision and will move as a group, all together.

#14 - Class scheduled for 9/9/23

#15 - Class scheduled for 9/9/23 / Certificate will be sent

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: \_\_\_\_\_

Signature: Jannie Thornton  
(OEC Representative)  
Print Name: Jannie Thornton

Signature: Rosa A Bolorin  
(Person in Charge)  
Print Name: Rosa Bolorin

