

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Iraida Crespo Date: 9/14/22 Time: 12:00p
Location Address: 46 Lamont St. Woburn Telephone #: 203-982-7077
e-mail address: Seeds of Love Daycare, Inc @gmail.com License #: 56681 Expiration Date: 9.30.23
Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<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: <u>[Signature]</u></i>
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Purpose of visit: X Follow up from full

Observations/Corrections needed:

17. 1 House hold member doesn't have appropriate/Acceptable Medical Statement.

50. Didn't observe complete first Aid supplies including CPR mouth barrier.

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: 9/27/22

Signature: [Signature]
(OEC Representative)
Print Name: Jannah Lopez
Signature: [Signature]
(Person in Charge)
Print Name: Iraida Crespo