

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Flora A Soto Date: 11/17/22 Time: 2pm  
Location Address: 202 Terrace Avenue W. Haverhill MA Telephone #: 203-676-4341  
e-mail address: florasoto E@gmail.com License #: SS 211 Expiration Date: 8/31/25  
Capacity: 6+3 # of Children Present: 4 # of Staff Present: 2

**Consent to Inspect Family Child Care Home** 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: Flora Soto

Purpose of visit: CO-monitoring- effective 12/16/20

Observations/Corrections needed:

PIC Flora Soto ; Alexandria Soto-Spouse

(NS) condition #7 weapons in home - Per provider, there are no weapons and/or guns in the home. Provider is in compliance w/ this condition.

(S) Condition #10 - Civil fee - Provider not in compliance w/ this condition

(S) 19a-87b-15(e) Notification of Agency's proposed license action to parent - Provider not in compliance w/ this action/condition

(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: Valencia Williams  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/2/22

Signature: Flora Soto  
(Person in Charge)  
Flora Soto