

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Flora Soto Date: 10/12/23 Time: 9:45
Location Address: 202 Terrace Ave., West Haven Telephone #: 203-691-1495
e-mail address: florasotoe@gmail.com License #: 55241 Expiration Date: 8/31/25
Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

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: Flora Soto

Purpose of visit: Follow up to 8/31/25.

Observations/Corrections needed:

Check CAP items including unapproved staff.

17 - Medical statements - observed compliant

19 - Unapproved sub. - Discussed - not to work with children.

21 - BCIS - Not complete for daughter.

77 - Sleep posting.

23 - Hazards - Same cabinet doors not locked.

33 - Drills - observed 8/23 documented.

51 - Cat - Exp. 7/18/24

53 - Enrollment form - observed - discussed complete all info.

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: Linda Maylan
(OEC Representative)

Signature: Flora Soto
(Person in Charge)
Flora Soto

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 10/27/23