



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	FLORA E SOTO		License Number	DCFH.55241	Date of Inspection	09/03/2024
			Expiration Date	8/31/2025	Time of Inspection	01:34 PM
Address	202 TERRACE AVE		Telephone	(203) 676-4341	Regular Capacity	6
	WEST HAVEN	CT 06516-2632	Days and Hours	MON - FRI 6 AM - 5 PM	School Age Capacity	3
# Children Present	2	# Under 18 months present	1		Summer Care	Open
Purpose of Inspection	Follow up to full inspection. Cap and water access.		Name of Inspector	Linda Johnson Moylan		
Provider's Email	florasotoe@gmail.com		Inspector's Email	linda.moylan@ct.gov		

CONSENT TO INSPECT: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Flora Soto

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	Description: 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
Failed to ensure that infants are not put to sleep or allowed to remain asleep in an infant carrier, swing or that is not specifically designed to be an infant bed.	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check
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Statute and/or Regulation: [19a-87b-9(o)]	Description: 051-Pets
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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<u>YES/NO:</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

(This section is currently blank for discussions and comments.)

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY: 09/17/2024	 (Signature of Person in Charge)
Linda Johnson Moylan (Printed Name)	 (Printed Name)		FLORA E SOTO (Printed Name)