

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Elva Alarcon Castro Date: 6/8/23 Time: 10:00 am

Location Address: 1287 Sherman Avenue, Hamden Telephone #: 203-444-6398

e-mail address: rociolarcon_castro@hotmail.com License #: 57732 Expiration Date: 10/31/26

Capacity: 6⁺3 # of Children Present: 7 # of Staff Present: 1

**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: [Signature]

Purpose of visit: 2023-487

Observations/Corrections needed:

(S) 19a-87b-10(a) - Responsibilities of the Provider - Provider failed to maintain the family child care home within the license capacity when she was caring for 7 children without a substitute or assistant.

(S) 19a-87b-10(b)(1) - Enrollment - Provider failed to maintain enrollment records for a child in the home day care.

(NS) 19a-87b-10(c)(d)(2) - Individual Plan for Care There is insufficient evidence to support that the Provider had enough time to create an individual plan with the children in question

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: 6/22/23

Signature: [Signature]

(OEC Representative)

Print Name: Carlos Albizu

Signature: [Signature]

(Person in Charge)

Print Name: Elva Alarcon C.