

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Elva Alarcon Castro Date: 6/14/23 Time: 10:45am

Location Address: 1287 Sherman Avenue, Hamden Telephone #: 203-444-6395

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

Capacity: 6+3 # of Children Present: 4 # 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: follow up 2023-487

Observations/Corrections needed:

(NS) Observed 4 children in the daycare.
Children enrollment forms are up to date

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: _____

Signature: [Signature]
(OEC Representative)

Signature: [Signature]
(Person in Charge)