

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


SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Elva R. Alarcon Castro Date: 8/17/23 Time: 8:31am

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

e-mail address: rocioalarcon_castro@gmail.com license #: 51732 Expiration Date: 10/31/24

Capacity: 6/3 # of Children Present: 2+3 # 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 X 

Purpose of visit: Investigation X2023-792

Observations/Corrections needed:

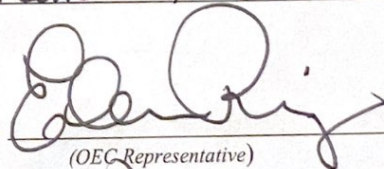
(S) 19a-87b-7(b) Household Environment: According to police statements over the phone and provider's statements, a physical conflict occurred between the provider and one household member during daycare hours while children were present in the home. Provider failed to maintain household free of violent, threatening or any other similar behavior by all household members. There was an incident between provider and her mother on 8/15/2023. Mother was arrested for Disorderly Conduct and court case is pending.

(S) 19a-87b-6(e) Judgement: Provider failed to use good judgement when she left children unsupervised in the garage space and engaged in verbal altercation with house hold member during nap time.

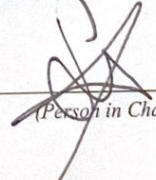
(S) 19a-87b-10(i) Supervision: Provider failed to maintain supervision of children at all times, within effective sight or sound during bathroom break at time of altercation.

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: 
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 8/31/2023

Signature: 
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Elva R. Alarcon Castro License # 51132 Date: 8/17/23

Observations/Corrections needed:

Other violations observed:

#11 Notification of change: Provider failed to notify agency in writing that there is a new household member in the home.

#17 New Household member needs adult medical statement on State Form.

#21 New household member needs a current background check.

#31 Stairway to the main house used to travel to the bathroom is obstructed with children's belongings (Four bags/totes) Provider made space during visit.

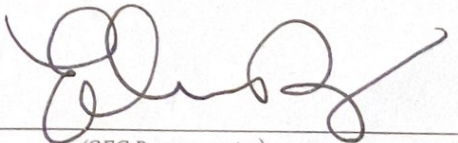
#36 Fire Extinguisher is not mounted. Stored ^{up} in stairwell.

#53 Three children are missing Enrollment Form.

#54 One child missing current health record. Parent emailed it to provider during visit.

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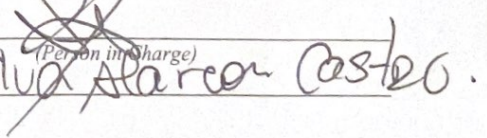
Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 

Print Name: Eileen Ruiz
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 8/31/2023

Signature: 
Print Name: Elva Alarcon Castro
(Person in Charge)