

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Elva R. Alarcon Castro Date: 10/5/23 Time: 1:10p

Location Address: 158 Waite St. Hamden Telephone #: 203 444 6398

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

Capacity: 6/3 # of Children Present: 5 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: X2023-886 Follow up Infant sleep

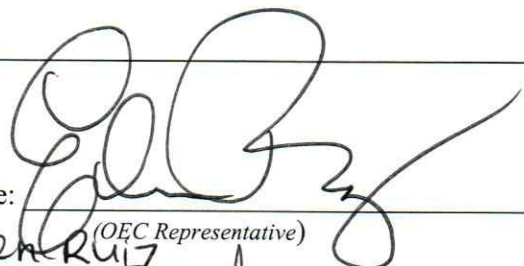

Observations/Corrections needed:

_____ No violations _____

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: 
(OEC Representative)
Signature: 
(Person in Charge)
Elva R Alarcon Castro