



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	ARLENE ALCANTARA DALMASI		<b>License Number</b>	DCFH.57906	<b>Date of Inspection</b>	08/20/2024
			<b>Expiration Date</b>	10/31/2027	<b>Time of Inspection</b>	12:20 PM
<b>Address</b>	52 LASALLE ST APT 1W NEW BRITAIN CT 06051-1072		<b>Telephone</b>	(860) 829-7943	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	M-F 7A-10PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<b># Under 18 months present</b>	0	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Day 2 Inspection		<b>Name of Inspector</b>	Eileen Ruiz		
<b>Provider's Email</b>	adalmasi79@gmail.com		<b>Inspector's Email</b>	eileen.ruiz@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).

*Jorge Duran*

Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Regulatory Violations**

<b>Statute and/or Regulation:</b> [19a-87b-10(b)(2)]	<b>Description:</b> 054-Child Health Record
Failed to maintain child health record(s) for the child present today as a drop in basis.	
<b>Statute and/or Regulation:</b> [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	<b>Description:</b> 055-Immunizations
Failed to maintain immunization record(s) for the child present today as a drop in basis.	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings-Regulations In Compliance</b>	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-7(a)]	<b>Description:</b> 017-Medical Statement
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<b>Statute and/or Regulation:</b> [19a-87b-7(b)]	<b>Description:</b> 018-Household Environment
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<b>Statute and/or Regulation:</b> [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	<b>Description:</b> 019-Substitute/Assistant
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Present today at visit DCFS.92069	
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<b>Statute and/or Regulation:</b> [19a-87b-8a]	<b>Description:</b> 021-Background Check
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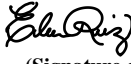

<b>YES/NO:</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>DISCUSSIONS/COMMENTS</b>
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This is day 2 inspection to observe all items missing from day 1. Provider was not present at today's inspection. Substitute explains the provider was at a doctor's appointment at the time of the agency's arrival. Substitute has CPR up to date, it expires 09/23/24, discussed with substitute to renew it before the expiration date otherwise they cannot be left alone with children. Substitute has a current background check in BCIS but is not on the provider's roster. Discussed to have the provider add her and the provider did so during the visit. Substitute had her son present today, discussed ensuring all proper forms are filled out for him even if it's on rare occasion that her son joins the program while working in the home. Discussed and reviewed with the substitute; knowing how to report abuse or neglect with DCF within 12 hours, safe sleep with infants and crib safely. Provider arrived to the program at 1:20pm.

<b>NOTE:</b>	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.
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**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)	<b>DATE CORRECTIONS DUE BY:</b> 09/03/2024	 (Signature of Person in Charge)
<b>Eileen Ruiz</b> (Printed Name)	(Printed Name)		<b>ARLENE ALCANTARA DALMASI</b> (Printed Name)