



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	NELCY R GIRON ALVARADO			License Number	DCFH.57329	Date of Inspection	09/24/2024
				Expiration Date	3/31/2028	Time of Inspection	09:10 AM
Address	49 CENTER ST FL 1 WEST HAVEN CT 06516-3805			Telephone	(203) 843-7328	Regular Capacity	6
				Days and Hours	MON- FRI 6:00AM-6:00PM	School Age Capacity	3
# Children Present	4	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Follow Up 9/20/2024 inspection Capacity			Name of Inspector	Silvana Carreon Zegarra		
Provider's Email	nelcygiron1234p@gmail.com			Inspector's Email	silvana.carreon-zegarra@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).

 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Upon arrival, the provider was observed with three children, including an infant. After two minutes, the substitute arrived, and then a preschool child arrived.	
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction
Upon arrival, the providers were observed with three children, including an infant. After two minutes, the substitute arrived, and then a preschool child arrived.	

Statute and/or Regulation:	Description:
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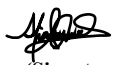

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

No violation during the inspection.

IMPORTANT NOTES

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- 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.
- 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)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Silvana Carreon Zegarra (Printed Name)	(Printed Name)		NELCY R GIRON ALVARADO (Printed Name)