



Connecticut Office of
Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: ocel.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	ELVA R ALARCON CASTRO				License Number	DCFH.57732	Date of Inspection	12/13/2024
					Expiration Date	10/31/2026	Time of Inspection	08:50 AM
Address	158 WAITE ST HAMDEN CT 06517-2526				Telephone	(203) 444-6398	Regular Capacity	6
					Days and Hours	M-F 6:00AM-10:00PM Sat 6:00AM-2:00PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	1	# of Total Children Present	6	Inspector's Name	Jenny Ferreira		
Provider's Email	rociolarcon_castro@hotmail.com				Inspector's Email	jenny.ferreira@ct.gov		

Key:
Compliant = X
Non-Compliant = O

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/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

X	4. Capacity	
X	5. Non-transferability of license	Pending?
X	6. Infant/Toddler Restriction	
X	7. License Posted	
X	8. Parent Access to OEC Phone Number	
X	9. Photo ID	
X	10. Requests for Information	
X	11. Notification of Change	

QUALIFICATION OF PROVIDER 19a-87b-6

O	12. Awareness of Understanding of Regulations	Failed to demonstrate an awareness and/or understanding of the regulations, when provider stated its parent's responsibility to ensure enrollment forms for children enrolled are completed and available at
X	13. Medical statement Expiration date: 09/06/2027	
X	14. First Aid Certificate Expiration date: 02/09/2026	

X	15. CPR Certificate				
	Expiration date:				
	02/09/2026				
X	16. Judgment				
MEMBERS OF THE HOUSEHOLD 19a-87b-7					
X	17. Medical Statement				
X	18. Household Environment				
QUALIFICATIONS OF STAFF 19a-87b-8					
X	19. Sub/Assistant	Y/N	Name:		Appvl #
	Type of Staff :	Y			
	Substitute				
X	20. Emergency Caregiver				
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a					
X	21. Background Check(s)				
PHYSICAL ENVIRONMENT 19a-87b-9					
X	22. Clean/Sanitary Environment				
O	23. Freedom of Hazards	Failed to maintain the facility and/or equipment in good repair and free of hazards when observed small and sharp items (screws) inside the bathroom drawers accessible to children.			
X	24. Harmful Substances/Materials Inaccessible				
X	25. Bio-contaminants Disposed Safely				
X	26. Safe Storage of Flammables				
X	27. Safe Door Fasteners				
O	28. Electrical Safety	Failed to ensure that electrical cords do not hang within reach of children when observed electrical cords in the bathroom not secured to the wall and accessible to children. Additionally observed			
X	29. Safe Exits				
X	30. Basement Supervision	Y/N			
		Y			
	Used for Care ?	Y/N			
X	31. Stairways - Protected, Handrails				
X	32. Emergency Plan				

X	33. Emergency Evacuation Drills - Quarterly/Log	
X	34. Smoke Detectors	
X	35. Carbon Monoxide Detector	
X	36. Fire Extinguisher- 5 lb. ABC/Installed	
X	37. Auxiliary Heating System	Appvd?
	Type?	
X	38. Safe Storage of Weapons and Ammunition	
X	39. Safe Space-Sufficient	
	Indoors	Y
	Outdoors	
X	40. Body of Water-Type:	Y/N
	Barrier?	
X	41. Hot Tubs-Locked - Inaccessible	Y/N
X	42. Ventilation, Light and Temperature- 65°	
X	43. Window Safety	
X	44. Washing Toileting, Sewage Garbage Facilities	
X	45. Adequate and Safe Water -	
	Type of System:	
	Public Water	
O	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees when observed no permanent hot water accessible to children due to technical issue with water mixer. Per provider, device to be reinstalled or replace if necessary.
X	47. Pasteurization of Milk Supply	
X	48. Working Phone, Emergency Numbers Posted	
X	49. Safe Transportation Registered, Insured, Restraints	
X	50. First Aid supplies	
X	51. Pet protection	Type:
	Pets?	Y
	Rabies Certs?	
X	52. Smoking Prohibited	
RESPONSIBILITIES OF PROVIDER 19a-87b-10		
O	53. Enrollment Form	Failed to maintain child enrollment form(s) when observed one infant present with no enrollment form. Parent arrived during the inspection with completed enrollment form for the infant.

X	54. Child Health Record	
O	55. Immunizations	Failed to maintain complete immunization record(s) when observed one child with no record of influenza vaccine.
X	56. Emergency Permission	
X	57. Authorized Release	
X	58. Field Trip and Transportation Permission-To/From School	
X	59. Swimming Permission	
X	60. Incident Log	
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition-Meals/Snacks, Water Available	
O	65. Handwashing	Failed to ensure the provider's, staff and children's hands are washed with soap and water after toileting when observed staff did not watch her hands and infant's hands after diaper change. Additionally, observed no paper towels or individual towels for children to use after handwashing.
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
X	69. Individual Plan for Care (Written if Applicable)	
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

O	74. Crib or Other Provision Free from Observable Hazards	Failed to ensure no items are placed with an infant in a crib or other piece of equipment designed for sleeping when observed a blanket and small hair items under pack'n play mat accessible to children.
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision- at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	
SICK CHILD CARE 19a-87b-11		
X	91. Sick Child Care	
IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am)		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? **N** **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

X	94. Policies and Procedures for Admin of Meds	
X	95. Parent Permission for Nonprescription Topical Meds	
X	96. Notification - Documentation of Med Error(s)	
X	97. Nonprescription Topical Meds- Stored/Labeled	
X	98. Unused - Expired Nonprescription Meds	
X	99. Documented Medication Trained Staff	
X	100. Written Auth Prescriber/Parent Permission	
X	101. MAR Maintained	
X	102. Prescription Meds - Stored/Labeled	
X	103. Unused/Expired Prescription Meds	
X	104. Emergency Meds- Equip. Labeled/Current	
X	105. Self-Admin. Of Meds	
X	106. Petition for Special Medication Authorization	

Child with diabetes enrolled? **N** **MONITORING OF DIABETES 19a-87b-18**

X	108. Policies for Finger Stick Blood Glucose Testing	
X	109. Finger Stick Blood Glucose Testing - Staff Trained	
X	110. Self Admin of Finger Stick Blood Glucose Testing	
X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	

X	112. Finger Stick Blood Glucose Testing Records	
X	113. Parent Notification of Test Results	

ADDITIONAL VIOLATIONS

	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	

YES or NO?
Yes

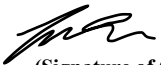

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

Substitute present- Edith Tomanguillo DCFS.92377- Exp 11/30/25
Policy and procedures for medication administration- Sample provided at this 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.*
- *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 Provider/Applicant/Substitute)
Jenny Ferreira (Printed Name)	 (Printed Name)	12/27/2024	ELVA R ALARCON CASTRO (Printed Name)