

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Coiselle Negrin Date: 10/22/2021 Time: 2:20 pm

Location Address: 222 Tenace Ave - Apt A2 West Haven Telephone #: 203-676-4477

e-mail address: _____ License #: 5713P Expiration Date: 1/31/2023

Capacity: 6/3 # of Children Present: 4 # of Staff Present: 0

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Attempted to do a spot visit.

Observations/Corrections needed:

At the time of this visit there was Ms. Karle Pentzja, Staff Applicant / no approved yet. Provider was not present. Reviewed and discussed unapproved staff. Per a and yasmun conversation the background checks are pending. (just DCF clearance). There was 4 children present.

#19 Observed there was a person not approved yet with (4) children in care.

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: Immediately

Signature: [Signature]
(QEC Representative)
Print Name: Tracy R. Conner

Signature: _____
(Person in Charge)

Print Name: _____

Access: Ka R Ha