

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Giselle Negron Date: 3/1/22 Time: 9:00

Location Address: 282 Terrace Ave Apt A2 N. Haven Telephone #: 203-676-4477

e-mail address: negron711@gmail.com License #: 57138 Expiration Date: 3/1/23

Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

Consent to Inspect Family Child Care Home	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 <u>X Giselle Negron</u>
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Purpose of visit: Investigation 2022-107

Observations/Corrections needed:

(P) 19a-87b-5(j) Notification of Change - The provider shall notify the DEC in writing within 5 days any circumstances which alters or affect child care.

(P) 19a-87b-6 Qualifications (e) Judgment - The provider shall not knowingly furnish any false documents or make any false or misleading statements to the DEC.

(NS) 19a-87b-8 Qualifications of Staff - provider understands that substitutes or assistants/emergency caregiver shall meet the requirements set by the DEC. Observed substitutes license posted on the wall.

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: [Signature]
(DEC Representative)
Print Name: Carlos Albizu

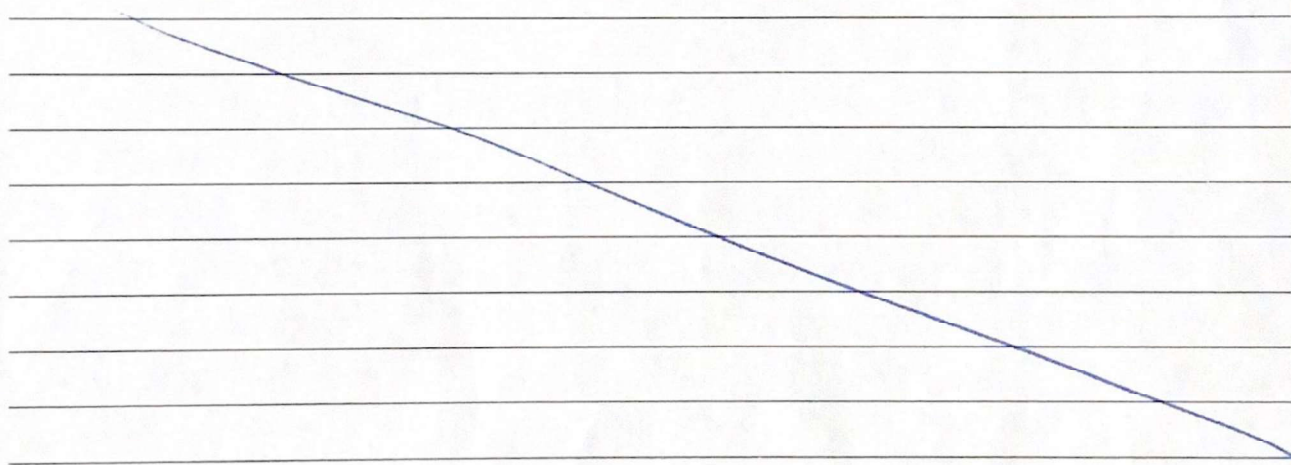
Signature: Giselle Negron
(Person in Charge)
Print Name: Giselle Negron

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Giselle Negron License # 2022-107 Date: 3/1/22

Observations/Corrections needed:

- (P) 19a-87b-8a - Comprehensive Background - Household members of the age specific of the CT general statutes shall not have criminal record, child abuse or neglect in CT.
- (S) 19a-87b-9 - Protection of Pets - Provider failed to keep on file a current rabies vaccination certificate of one dog.
- (S) 19a-87b-10 - Giving parents access - Provider and substitute provided written statements indicating they give parents access to the home.
- (S) 19a-87b-10 - Child Health Record - observed one child's health record missing exam date.



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Signature: _____
(OEC Representative)
 Print Name: Carlos Albizu

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Giselle Negron
(Person in Charge)
 Print Name: Giselle M. Negron

OEC BY: _____