

# Connecticut Office of Early Childhood

## Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

### FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL    UNANNOUNCED  FULL PARTIAL    FOLLOW UP    LOCATION CHANGE    OTHER

<b>Provider:</b> <i>Giselle Negron</i>	License Number: <i>57138</i>	Date of Inspection: <i>8.10.2023</i>
	Expiration Date: <i>1-31-2027</i>	Time of Inspection: <i>12:30pm</i>
<b>Address:</b> <i>282 Terrace Ave. Apt A2</i>	Capacity: <i>6-3</i>	Days/Hours: <i>M-F 6:00am - 6pm</i>
<b>Town:</b> <i>West Haven</i>	Telephone: <i>(203)676-4477</i>	Summer: <input checked="" type="checkbox"/> Open / <input type="checkbox"/> Closed
<b>State/Zip Code:</b> <i>CT 06516</i>	Email: <i>negron711@gmail.com</i>	

Instructions: ✓ = Compliance/No violation found   O = Non-compliance/Violation found   N/A = Not applicable at this time

*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).

*Giselle N. Negron*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

#### Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 15
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 3
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

#### Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 3-1-2023
- 14. First Aid Certificate-Exp. Date 5-26-2025
- 15. CPR Certificate-Exp. Date 5-26-2025
- 16. Judgment

#### Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

#### Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant  (Y/N)
- 20. Emergency Caregiver

#### Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

#### Physical Environment 19a-87b-9

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type:        Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient  
Indoor  Outdoor
- 40. Body of Water (Y/N) Type:        Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public/Approved
- 46. Water Temperature 60°-120°F 122.1°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets:  (Y/N) -Type: 2 dogs Rabies Certificate(s)
- 52. Smoking Prohibited

#### Responsibilities of Provider 19a-87b-10

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

**APPLICANTS- PLEASE NOTE:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

<b>(Signature of OEC Representative)</b> <i>Silvana Carron</i>	<b>Date Corrections Due By:</b> <i>8.24.2023</i>	<b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b> <i>Giselle Negron</i>
<b>(Printed Name)</b> <i>Silvana Carron / Candy Vargas</i>		<b>(Printed Name)</b> <i>Giselle M. Negron</i>


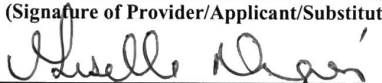
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**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

Provider: <u>Giselle Negron</u>	License Number: <u>57138</u>	Date of Inspection: <u>8/10/23</u>
<u>Responsibilities of Provider 19a-87b-10 (continued)</u> <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF	<u>Office Access, Inspections and Investigations 19a-87b-13</u> <input type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records  <u>Administration of Medications 19a-87b-17</u> <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results	
<u>Sick Child Care 19a-87b-11</u> <input checked="" type="checkbox"/> 91. Sick Child Care	<u>Additional Violations</u> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
<u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear		

**Discussions/Comments:**  
 # 4 The provider failed to maintain the license capacity. At the time of inspection it was observed that the provider and approved substitute were caring for 15 children including 3 infants.

**APPLICANTS- PLEASE NOTE:** You **MAY NOT OPERATE** until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) 	Date Corrections Due By: <u>8.24.2023</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>Silvana Carreras Nandy Vargas</u>		(Printed Name) <u>Giselle Negron</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gisselle Negron License # 57138 Date: 8.10.2023

Observations/Corrections needed:

#16 While conducting the walkthrough a ziploc bag containing cannabis was observed in the provider's bedroom accessible to children. The bedroom door was not closed, and the bedroom is directly in front of the bathroom used by the children in care. The bag containing Cannabis was observed on top of the dresser.

# 23 Observed high cubbies unsecured with plants on the top.

# 24 Observed cleaning supplies, cosmetics, toiletries, and medications accessible to children. Harmful substances were in the bathroom cabinets.

# 28 Observed electrical cord accessible to children and outlets without covers.

# 29 Observed second emergency exit not accessible, high shelves are covering the easy access.

# 32 Emergency Plan was not completed.

# 33 Emergency Evacuation Drills log without information.

# 416 Water temperature was over 120°F. (122.1°F)

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Silvana Carron  
(OEC Representative)  
Print Name: Silvana Carron / Candy Vargas

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

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 8.24, 2023

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Giselle Negron License # 57138 Date: 8/10/23

Observations/Corrections needed:

# 51 Observed two dogs missing. Rabies certificate

# 53 Upon file review it was observed that 2 children were missing enrollment forms

# 54 At the time of inspection 4 medicals records were observed missing and 1 expired.

# 55 Upon childrens files review 4 immunization records were observed missing and 1 was observed not updated

# 56 Observed 2 children were missing Emergency medical consents.

# 57 At the time of inspection, 3 Authorized release consent were observed missing.

# 58 Observed 2 Field trip/transportation Permission missing.

# 60 Upon children's file review 13 incident logs were not observed.

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Signature: [Signature]  
(OEC Representative)  
Print Name: Silvana Carreon / Candy Vargas

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 8-24-2023

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Giselle Negrón License # 57138 Date: 8.10.2023

Observations/Corrections needed:

# 68 Upon arrival to the program two infant were observed napping in provisions not intended for sleeping. One child was observed sleeping in a "car seat/bouncer, and the other one in the a bouncer over pack-n-play.

# 69 Observed Individual Plan for Care missing for a child in wheelchair.

# 71 Observed two infants were not being held while bottle feeding

# 73 Observed two pack-n-play with out tight sheets.

# 74 Observed two children (infants) sleeping in pack-n-play with blankets, socks toys.

# 18 - household environment did not foster the health and safety of children in care when a baggie of marijuana was observed accessible to children.

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: *Shana Carron / Candy Vargas*  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *Giselle Negrón*  
(Person in Charge)

OEC BY: 8/24/2023