

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Giselle Negron Date: 8.11.23 Time: 2:15pm

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

e-mail address: negron711@gmail.com License #: 57138 Expiration Date: 1-31-2027

Capacity: 6+3 # of Children Present: 8 # of Staff Present: 2

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: Giselle Negron

Purpose of visit: Capacity - Safe Sleep.

Observations/Corrections needed:

NO violations cited.

#4 Capacity: in compliance

#73 Safe sleep. in compliance.

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]
(OEC Representative)
Print Name: Silvana Carr / Candy Vargas
Signature: Giselle Negron
(Person in Charge)
Print Name: Giselle Negron