

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Giselle Negron Date: 8.31.2023 Time: 1:45pm  
Location Address: 282 Terrace Ave. 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: 1

<b>Consent to Inspect Family Child Care Home</b>	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>Giselle Negron</u>
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Purpose of visit: Follow up - Inspection 8-10-2023

Observations/Corrections needed:

- #4 \*19a-87b-5(d)(1) / 19a-87b-10(a) Capacity  
S<sub>11</sub> At the time of the inspection 1:45pm, the specialist observed the approved substitute was caring for 8 children including 3 children under 18 months and 5 children 3-5 years old. While the inspection, the substitute left the room (the apartment) to open the front door of the building leaving all children without supervision.
- #74 \*19a-87b-10(f)(3) Crib or other Provision Free from Observable Hazards  
S<sub>11</sub> Observed a child was sleeping on the pack-n-play with toys on it.
- S<sub>11</sub> \*19a-87b-9(d)(1) Safe Storage of flammable Materials  
Observed a burning candle so close to the bulleting board. The provider removed the candle after being alerted.

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: 9-14-2023

Signature: Silvana Carreon  
(OEC Representative)  
Print Name: Silvana Carreon  
Signature: Giselle Negron  
(Person in Charge)  
Print Name: Giselle Negron