

# 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

Provider: <b>Miledys Rivera</b>	License Number: <b>56759</b>	Date of Inspection: <b>12.21.21</b>
Address: <b>19 Richard Ter.</b>	Expiration Date: <b>3.31.24</b>	Time of Inspection: <b>8:30 A</b>
Town: <b>Waterbury</b>	Capacity: <b>6+3</b>	Days/Hours: <b>Mon-Fri 24 hrs.</b>
State/Zip Code: <b>CT, 06705</b>	Telephone: <b>203.510.7317</b>	Summer: <b>Open/Closed</b>
Email: <b>MiledysRivera@hotmail.com</b>		
Instructions: <input checked="" type="checkbox"/> = Compliance/No violation found <input type="checkbox"/> = Non-compliance/Violation found <input type="checkbox"/> = 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).*

Miledys Rivera  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

<p><b>Terms of License 19a-87b-5</b></p> <p><input checked="" type="checkbox"/> 4. Capacity: Total # Children Present: <u>5 6</u></p> <p><input checked="" type="checkbox"/> 5. Nontransferability of License</p> <p><input checked="" type="checkbox"/> 6. Infant/Toddler Restriction- # Present: <u>2 3</u></p> <p><input checked="" type="checkbox"/> 7. License Posted</p> <p><input checked="" type="checkbox"/> 8. Parent Access to OEC Phone Number</p> <p><input checked="" type="checkbox"/> 9. Photo ID</p> <p><input checked="" type="checkbox"/> 10. Requests for Information</p> <p><input checked="" type="checkbox"/> 11. Notification of Change</p> <p><b>Qualifications of Applicant and Provider 19a-87b-6</b></p> <p><input checked="" type="checkbox"/> 12. Awareness of/Understanding of Regulations</p> <p><input checked="" type="checkbox"/> 13. Medical Statement-Exp. Date <u>1.30.23</u></p> <p><input checked="" type="checkbox"/> 14. First Aid Certificate-Exp. Date <u>1.2.23</u></p> <p><input checked="" type="checkbox"/> 15. CPR Certificate- Exp. Date <u>1.2.23</u></p> <p><input checked="" type="checkbox"/> 16. Judgment</p> <p><b>Members of the Household 19a-87b-7</b></p> <p><input checked="" type="checkbox"/> 17. Medical Statement</p> <p><input checked="" type="checkbox"/> 18. Household Environment</p> <p><b>Qualifications of Staff 19a-87b-8</b></p> <p><input checked="" type="checkbox"/> 19. Substitute/Assistant (Y/N) <u>(Y)</u></p> <p><input checked="" type="checkbox"/> 20. Emergency Caregiver</p> <p><b>Comprehensive Background Check 19a-87b-8a</b></p> <p><input checked="" type="checkbox"/> 21. Background Check(s)</p> <p><b>Physical Environment 19a-87b-9</b></p> <p><input checked="" type="checkbox"/> 22. Clean/Sanitary Environment</p> <p><input checked="" type="checkbox"/> 23. Freedom of Hazards</p> <p><input checked="" type="checkbox"/> 24. Harmful Substances/Materials Inaccessible</p> <p><input checked="" type="checkbox"/> 25. Bio-contaminants Disposed Safely</p> <p><input checked="" type="checkbox"/> 26. Safe Storage of Flammables</p> <p><input checked="" type="checkbox"/> 27. Safe Door Fasteners</p> <p><input checked="" type="checkbox"/> 28. Electrical Safety</p>	<p><input checked="" type="checkbox"/> 29. Safe Exits</p> <p><input checked="" type="checkbox"/> 30. Basement Supervision <u>(N)</u></p> <p><input checked="" type="checkbox"/> 31. Stairways: Protected/Handrails</p> <p><input checked="" type="checkbox"/> 32. Emergency Plan</p> <p><input checked="" type="checkbox"/> 33. Emergency Evacuation Drills-Quarterly/Log</p> <p><input checked="" type="checkbox"/> 34. Smoke Detectors</p> <p><input checked="" type="checkbox"/> 35. Carbon Monoxide Detector</p> <p><input checked="" type="checkbox"/> 36. Fire Extinguisher- at least 5 lb. ABC/Installed</p> <p><input checked="" type="checkbox"/> 37. Auxiliary Heating System (Y/N) Type: _____ Approved (Y/N)</p> <p><input checked="" type="checkbox"/> 38. Safe Storage of Weapons and Ammunition</p> <p><input checked="" type="checkbox"/> 39. Safe Space - Sufficient          Indoor _____ Outdoor _____</p> <p><input checked="" type="checkbox"/> 40. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft)</p> <p><input checked="" type="checkbox"/> 41. Hot Tubs- Locked/Inaccessible</p> <p><input checked="" type="checkbox"/> 42. Ventilation/Light - Temperature- 65°F</p> <p><input checked="" type="checkbox"/> 43. Window Safety</p> <p><input checked="" type="checkbox"/> 44. Washing/Toileting/Sewage/Garbage Facilities</p> <p><input checked="" type="checkbox"/> 45. Adequate and Safe Water, Public/Approved</p> <p><input checked="" type="checkbox"/> 46. Water Temperature 60°-120°F</p> <p><input checked="" type="checkbox"/> 47. Pasteurization of Milk Supply</p> <p><input checked="" type="checkbox"/> 48. Working Telephone/Emergency Numbers Posted</p> <p><input checked="" type="checkbox"/> 49. Safe Transportation-Registered/Insured/Restraints</p> <p><input checked="" type="checkbox"/> 50. First Aid Supplies</p> <p><input checked="" type="checkbox"/> 51. Pets: (Y/N)-Type: _____ Rabies Certificate(s)</p> <p><input checked="" type="checkbox"/> 52. Smoking Prohibited</p> <p><b>Responsibilities of Provider 19a-87b-10</b></p> <p><input checked="" type="checkbox"/> 53. Enrollment Form</p> <p><input checked="" type="checkbox"/> 54. Child Health Record</p> <p><input checked="" type="checkbox"/> 55. Immunizations</p> <p><input checked="" type="checkbox"/> 56. Emergency Permission</p> <p><input checked="" type="checkbox"/> 57. Authorized Release</p> <p><input checked="" type="checkbox"/> 58. Field Trips/Transportation Permission- To/From School</p> <p><input checked="" type="checkbox"/> 59. Swimming Permission</p> <p><input checked="" type="checkbox"/> 60. Incident Log</p> <p><input checked="" type="checkbox"/> 61. Confidentiality</p> <p><input checked="" type="checkbox"/> 62. Meeting the Child's Needs</p> <p><input checked="" type="checkbox"/> 63. Sufficient Play Equipment</p> <p><input checked="" type="checkbox"/> 64. Good Nutrition: Meals/Snacks/Water Available</p> <p><input checked="" type="checkbox"/> 65. Handwashing</p> <p><input checked="" type="checkbox"/> 66. Flexible and Balanced Written Schedule</p>
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**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) <u>[Signature]</u>	Date Corrections Due By: <u>1.4.22</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Miledys Rivera</u>
(Printed Name) <u>Jennifer Lopez</u>		(Printed Name) <u>Miledys Rivera</u>

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

Provider: <u>Miledys Rivera</u>	License Number: <u>56759</u>	Date of Inspection: <u>12-21-21</u>
<b>Responsibilities of Provider 19a-87b-10 (continued)</b> <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	<b>Office Access, Inspections and Investigations 19a-87b-13</b> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records  <b>Administration of Medications 19a-87b-17</b> <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	
<b>Sick Child Care 19a-87b-11</b> <input checked="" type="checkbox"/> 91. Sick Child Care	<b>Additional Violations</b> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan <i>OS UN/A.</i>	
<b>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</b> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear		

**Discussions/Comments:**

- Provider is following governor's mandate <sup>covid</sup>

- 35. 3rd level of home doesn't have carbon ~~monoxide~~ <sup>monoxide</sup> detector.

- 54. 10 of 10 kids doesn't have updated physical

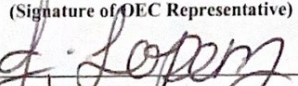
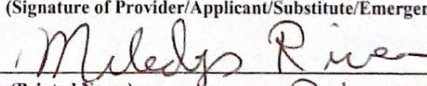
- 55. 10 of 10 kids doesn't have Immunizations updated.

- 56. 10 of 11 Don't have Emergency Permissions completed.

- 62. 1 child's medical indicates the need for emergency medication however provider does not have emergency medication on site.

- 69. 3 of 11 kids don't have individual Plan of care that will need them.

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(Signature of OEC Representative)  (Printed Name) <u>J. Lopez</u>	Date Corrections Due By: <u>1-4-22</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>Miledys Rivera</u>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Miledys Rivera License # 56759 Date: 12.21.21

Observations/Corrections needed:

94. Did not observe policies and procedures for Administration of Medication.

100. Did not observe completed written Authorization from prescriber / parent to administer medication

99. Did not observe current Documented medication trained staff.

103. Observed unused / Expired Prescription medication in care.

81. Observed one child in 2nd floor, without supervision of provider or staff.

58. Did not observe written transportation permission to/from school for 4 of 11 children.

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: [Signature]  
Print Name: Janet Lopez  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1.4.22

Signature: Miledys Rivera  
Print Name: Miledys Rivera  
(Person in Charge)

11/11/21