

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Miledys Rivera Date: 3/22/20 Time: 11:50A

Location Address: 19 Richard Ter. Wtby, 06705 Telephone #: 203-510-7317

e-mail address: MiledysRivera@hotmail.com License #: 56759 Expiration Date: 3-31-24

Capacity: 6+3 # of Children Present: 4 # of Staff Present: 23

**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: Miledys Rivera

Purpose of visit: Follow up from Fall

Observations/Corrections needed:

94. Didn't observe Policies and procedures written for Administration of Meds.

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: 4-5-22

Signature: J. Lopez

(OEC Representative)
Print Name: Janesh Lopez

Signature: Miledys Rivera

(Person in Charge)
Print Name: Miledys River