

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Miledys Rivera Date: 5/24/22 Time: 3:00

Location Address: 19 Richard Ter. Waterbury Telephone #: 203-510-7317

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

Capacity: 6+3 # of Children Present: 7 # 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: Miledys Rivera

Purpose of visit: Partial Supervision

Observations/Corrections needed:

- ~~Discussion: spoke to provider~~
- 24. Observed Cleaning Supplies on ^{the} Counter in Kitchen Accessible to children.
- 31. Observed Stairs in care, not protected effectively when a child was able to go over the gate to go upstairs.
- 31. Didn't observe gate in outdoor area to stairs, to enter the care inside ^{the} home.
- 69. Didn't observe individual plan of care for a child that is on the autism ~~spectro~~ spectrum

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: 6/7/22

Signature: J. Lopez
(OEC Representative)
Print Name: Johanna Lopez
Signature: Miledys Rivera
(Person in Charge)
Print Name: Miledys Rivera