

**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

|                                    |  |  |
|------------------------------------|--|--|
| <b>Provider:</b><br>Teresa Rivera  | <b>License Number:</b><br>53910          | <b>Date of Inspection:</b><br>1/19/23      |
| <b>Address:</b><br>68 Amherst St   | <b>Expiration Date:</b><br>9/30/25       | <b>Time of Inspection:</b><br>9:24am       |
| <b>Town:</b><br>Hartford           | <b>Capacity:</b><br>6+3                  | <b>Days/Hours:</b><br>6:45am - 5:30 PM M-F |
| <b>State/Zip Code:</b><br>CT 06114 | <b>Telephone:</b><br>860 296 0233        | <b>Summer:</b><br>Open/Closed              |
|                                    | <b>Email:</b><br>Titeredrare@outlook.com |  |

**Instructions:** ✓ = Compliance/No violation found      O = Non-compliance/Violation found      N/A = 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).

*Teresa Rivera*  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Terms of License 19a-87b-5**

- 4. Capacity: Total # Children Present: 5
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 1
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

**Qualifications of Applicant and Provider 19a-87b-6**

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 2/7/24
- 14. First Aid Certificate-Exp. Date 11/26/24
- 15. CPR Certificate- Exp. Date 11/26/24
- 16. Judgment

**Members of the Household 19a-87b-7**

- 17. Medical Statement
- 18. Household Environment

**Qualifications of Staff 19a-87b-8**

- 19. Substitute/Assistant  (Y/N)
- 20. Emergency Caregiver

**Comprehensive Background Check 19a-87b-8a**

- 21. Background Check(s)

**Physical Environment 19a-87b-9**

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision  (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System  (Y/N) Type: \_\_\_\_\_ Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient  
 Indoor  Outdoor
- 40. Body of Water (Y/N) Type: \_\_\_\_\_ Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public/Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets:  (Y/N) -Type: Dogs (4) Rabies Certificate(s)
- 52. Smoking Prohibited

**Responsibilities of Provider 19a-87b-10**

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

**APPLICANTS- PLEASE NOTE:** You **MAY NOT OPERATE** until all requirements have been met and a license has been issued by the Agency.

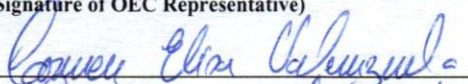
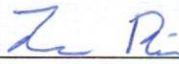
|  |   |  |
|--|---|--|
| (Signature of OEC Representative)<br><i>Carmen Elena Velazquez</i> | Date Corrections Due By:<br><u>2/2/23</u> | (Signature of Provider/Applicant/Substitute/Emergency Caregiver)<br><i>Teresa Rivera</i> |
| (Printed Name)<br>Carmen E Velazquez                               |   | (Printed Name)<br>Teresa Rivera  |

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

|   |  |   |
|---|--|---|
| <b>Provider:</b> <u>Teresa Rivera</u>   | <b>License Number:</b> <u>53910</u>  | <b>Date of Inspection:</b> <u>1/19/23</u> |
| <b>Responsibilities of Provider 19a-87b-10 (continued)</b><br><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles<br><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs<br><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)<br><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities<br><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings<br><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping<br><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet<br><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards<br><input checked="" type="checkbox"/> 75. Infants not Swaddled<br><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes<br><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed<br><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.<br><input checked="" type="checkbox"/> 79. Parent Information and Access<br><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted<br><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors<br><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention<br><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization<br><input checked="" type="checkbox"/> 84. Immediate Attention<br><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present<br><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management<br><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents<br><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect<br><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury<br><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF<br><br><b>Sick Child Care 19a-87b-11</b><br><input checked="" type="checkbox"/> 91. Sick Child Care<br><br><b>Night Care 19a-87b-12 (Y/N)</b> (10pm to 5am)<br><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear | <b>Office Access, Inspections and Investigations 19a-87b-13</b><br><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records<br><br><b>Administration of Medications 19a-87b-17</b><br><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds<br><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds<br><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)<br><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled<br><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds<br><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff<br><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission<br><input checked="" type="checkbox"/> 101. MAR Maintained<br><input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled<br><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds<br><input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current<br><input checked="" type="checkbox"/> 105. Self-Administration of Meds<br><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization<br><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing<br><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained<br><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing<br><input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed<br><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records<br><input checked="" type="checkbox"/> 113. Parent Notification of Test Results<br><br><b>Additional Violations</b><br><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan |   |

**Discussions/Comments:**  
 Discussed ensuring all evacuation drills are completed and registered all on the log, along with other emergency drills. Evacuation one every three months.  
 #21 Provider failed to maintain evidence at the family child care home of compliance with background checks.  
 #56 Observed no adult listed <sup>as</sup> emergency contact, when parents can not be reached, for one child.  
 NOTE: Substitute approved by OEC, was present during this visit today.

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|  |   |  |
|--|---|--|
| (Signature of OEC Representative)<br> | Date Corrections Due By:<br><u>2/2/23</u> | (Signature of Provider/Applicant/Substitute/Emergency Caregiver)<br> |
| (Printed Name)<br><u>Carmen E Valenzuela</u>   |   | (Printed Name)<br><u>Teresa Rivera</u>   |