

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

| | | |
|---------------------------------------|--------------------------------------|---|
| Provider: Ingmar Riveros | License Number: 57715 | Date of Inspection: 7/27/23 |
| | Expiration Date: 9/30/26 | Time of Inspection: 11:01am |
| Address: 22 Bodwell St Fl 1 | Capacity: 6+3 | Days/Hours: H-Sunday 6:00am-10:00pm |
| Town: Hartford | Telephone: 860 841 9300 | Summer: Open/Closed |
| State/Zip Code: CT 06114 | Email: Riverosi1983@gmail.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).

[Signature]
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 6
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 0
- 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 1/19/25
- 14. First Aid Certificate-Exp. Date 1/20/24-7/14/25
- 15. CPR Certificate- Exp. Date 1/20/24-7/14/25
- 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: 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) <i>[Signature]</i> | Date Corrections Due By: 8/10/25 | (Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>[Signature]</i> |
| (Printed Name) Grisen & Valenzuela Joy Fain | | (Printed Name) Ingmar Riveros |

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|--|-------------------------------------|---|
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Responsibilities of Provider 19a-87b-10 (continued)

- 67. Personal Articles: Blanket/Towel/Toilet Articles
- 68. Proper Rest Provisions/Safe Cribs
- 69. Individual Plan for Care (Written if Applicable)
- 70. Cultural Differences/Special Needs/Dev. Appr. Activities
- 71. Infant Care- Individual Attention/Held for Bottle Feedings
- 72. Infants Placed on Back for Sleeping
- 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
- 74. Crib or other Provision Free from Observable Hazards
- 75. Infants not Swaddled
- 76. Infants Supervised- observed minimum every 15 minutes
- 77. Req. for Sleep Arrangements Posted/Discussed
- 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
- 79. Parent Information and Access
- 80. Developmental Milestones-Posted
- 81. Supervision-At all Times- Indoors/Outdoors
- 82. Personal Schedule-Alert/Competent Attention
- 83. Full Attention-Distractions/Employment/Socialization
- 84. Immediate Attention
- 85. Substitute/Emergency Caregiver Present
- 86. Appropriate Discipline/Behavior Management
- 87. Discuss Behavior Management Methods w/Staff/Parents
- 88. Child Protection: Abuse/Neglect
- 89. Notify OEC within 24 hrs.: Death/Serious Injury
- 90. Mandated Reporting of Abuse/Neglect to DCF

Sick Child Care 19a-87b-11

- 91. Sick Child Care

Night Care 19a-87b-12 (Y/N) (10pm to 5am)

- 92. Separate Bed/Location of Bed/Appropriate Sleepwear

Office Access, Inspections and Investigations 19a-87b-13

- 93. Access- Immediate/Entire or Part of Facility/Records

Administration of Medications 19a-87b-17

- 94. Policies and Procedures for Admin of Meds
- 95. Parent Permission for Nonprescription Topical Meds
- 96. Notification and Documentation of Medication Error(s)
- 97. Nonprescription Topical Meds - Stored/Labeled
- 98. Unused/Expired Nonprescription Meds
- 99. Documented Medication Trained Staff
- 100. Written Authorized Prescriber/Parent Permission
- 101. MAR Maintained
- 102. Prescription Meds - Stored/Labeled
- 103. Unused/Expired Prescription Meds
- 104. Emergency Meds - Equip Labeled/Current
- 105. Self-Administration of Meds
- 106. Petition for Special Medication Authorization
- 108. Policies for Finger Stick Blood Glucose Testing
- 109. Finger Stick Blood Glucose Testing - Staff Trained
- 110. Self Admin of Finger Stick Blood Glucose Testing
- 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
- 112. Finger Stick Blood Glucose Testing Records
- 113. Parent Notification of Test Results

Additional Violations

- 114. Consent Order/Negotiated Corrective Action Plan

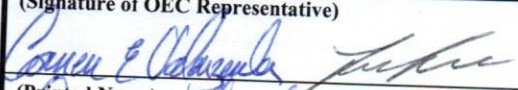
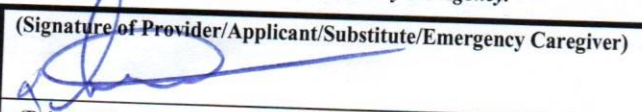
Discussions/Comments:

Discussed ensuring all approved staff have current certificates on file in the program, and proper identification available.

23 observed two drawers partially open in kitchen, used by children to get outside for play area. The drawers had screws (several loose ones), screwdrivers, two lighters, Gorilla glue and other small pieces. Corrected during visit.

33 observed log of evacuation drills showing only one in 11/29/22 and one 6/12/23.

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|--|--|--|
| (Signature of OEC Representative)  | Date Corrections Due By: <u>8/10/23</u> | (Signature of Provider/Applicant/Substitute/Emergency Caregiver)  |
| (Printed Name) <u>Dawn & Vanessa Lopez</u> | | (Printed Name) <u>Ingmar Riveros</u> |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ingmar Riveros License # 57715 Date: 7/27/23

Observations/Corrections needed:

- # 48 Observed emergency contact list not current, several kids enrolled, and three present today were not in the list.
- # 50 Observed no jaw CPR mouth barrier in the first aid kit.
- # 53 No enrollment form for one child present today
- # 54 No health record for one child present today
- # 55 No vaccine record for one child present today
- # 56 No emergency permissions for a child present today
- # 57 No authorized release for a child present today
- # 58 No permission for transportation/activities for one child present today
- # 95 No parent permission for three children with nonprescription topical meds.

Note: as per provider he requested the parent of the child without any forms to send him the pictures of the forms. He indicates they tell the parents to keep them in case they need them. Most of the forms were copies (enrollment forms and permission forms). Provider states the parents keep the originals.
 Approved substitute present during today's visit

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:
 (OEC Representative)
 Print Name: Carmen E. Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:
 (Person in Charge)
 Print Name: Ingmar Riveros

OEC BY: 8/10/23