



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	IVETTE M RIVERA		License Number	DCFH.53175	Date of Inspection	08/07/2024
			Expiration Date	6/30/2025	Time of Inspection	01:52 PM
Address	11 HILLS ST EAST HARTFORD CT 06118-2821		Telephone	(860) 462-5357	Regular Capacity	6
			Days and Hours	MONDAY - FRIDAY 6:30AM - 5:30PM	School Age Capacity	3
# Children Present	4	# Under 18 months present	1	Summer Care	Open	
Purpose of Inspection	Follow up to 7/19/24 full inspection.		Name of Inspector	Linda Johnson Moylan		
Provider's Email	IRivera1966@yahoo.com		Inspector's Email	linda.moylan@ct.gov		

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 of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	Description: 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
Observed port crib mattress not connected with infant.	
Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

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NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.

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

 (Signature of OEC Representative)		DATE CORRECTIONS DUE BY: 08/21/2024	 (Signature of Person in Charge)
Linda Johnson Moylan (Printed Name)			IVETTE M RIVERA (Printed Name)