



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	GLORYVIC RIVERA		License Number	DCFH.57222	Date of Inspection	09/04/2024
			Expiration Date	7/31/2027	Time of Inspection	01:35 PM
Address	17 FERN HILL AVE		Telephone	(203) 721-2038	Regular Capacity	6
	WATERBURY	CT 06704-2031	Days and Hours	MONDAY TO FRIDAY 6:00AM TO 4:30PM	School Age Capacity	3
# Children Present	4	# Under 18 months present	1		Summer Care	Open
Purpose of Inspection	Follow up for safe sleep		Name of Inspector	Jannie Thornton		
Provider's Email	Kathyrivera8716@icloud.com		Inspector's Email	jannie.thornton@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).

Gloryvic Rivera

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

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
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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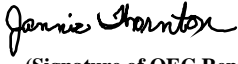
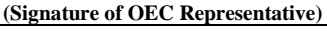

Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

The infant was awake upon my arrival. Provider placed the infant in his crib on his back for nap. Provider was in compliance with safe sleep requirements during this inspection.

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)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Jannie Thornton (Printed Name)	 (Printed Name)		GLORYVIC RIVERA (Printed Name)