

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gloryvic Rivera Date: 8/26/24 Time: 10⁰⁰am

Location Address: 17 Fern Hill Ave Waterbury Telephone #: 203-721-2038

e-mail address: Kathyrivera8716@icloud.com License #: 57222 Expiration Date: 7/31/27

Capacity: 6+3 # of Children Present: 4 # of Staff Present: 1

**Consent to Inspect
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.

Provider/Applicant/Substitute's Signature _____

Purpose of visit: Day one of a 2 day full inspection

Observations/Corrections needed:

Record checked today

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: _____

Signature: Jannie Thornton
(OEC Representative)

Print Name: Jannie Thornton

Signature: Gloryvic Rivera
(Person in Charge)

Print Name: Gloryvic Rivera