



**DIVISION OF LICENSING**  
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**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	MAYRA RIERA				<b>License Number</b>	DCFH.57999	<b>Date of Inspection</b>	04/03/2025
					<b>Expiration Date</b>	4/30/2028	<b>Time of Inspection</b>	09:20 AM
<b>Address</b>	455 MAIN ST EAST HAVEN CT 06512-2745				<b>Telephone</b>	(203) 802-9854	<b>Regular Capacity</b>	3
					<b>Hours of Operation</b>	5:00 AM 9:30 PM	<b>School Age Capacity</b>	0
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	0	<b>Weekend Hours</b>	No
					<b>Total children present</b>	0	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow-up for Supervision				<b>Inspector's Name</b>	Jenny Ferreira		
<b>Provider's Email</b>	Mayraria74@gmail.com				<b>Inspector's Email</b>	jenny.ferreira@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**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-5(j)]	<b>Description:</b> 011-Notification of Change
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Form completed and reviewed at this inspection.

<b>Statute and/or Regulation:</b> [19a-87b-6(b)]	<b>Description:</b> 013-Medical Statement
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<b>Statute and/or Regulation:</b> [19a-87b-6(e)]	<b>Description:</b> 016-Judgment
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Provider expressed understanding of supervision regulation.

<b>Statute and/or Regulation:</b> [19a-87b-8a]	<b>Description:</b> 021-Background Check
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Observed evidence of compliance with BCIS.

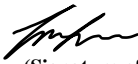
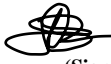
<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Only provider present at the time of this inspection. Overbrook school playground observed during this inspection for the program use approval. 10 minutes walking distance from provider.

**IMPORTANT NOTES**

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Substitute/Applicant)
<b>Jenny Ferreira</b> (Printed Name)	 (Printed Name)		<b>MAYRA RIERA</b> (Printed Name)