



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	NEYDA RIVERA				<b>License Number</b>	DCFH.53177	<b>Date of Inspection</b>	08/13/2025
					<b>Expiration Date</b>	7/31/2029	<b>Time of Inspection</b>	01:12 PM
<b>Address</b>	89 W LIBERTY ST BRIDGEPORT CT 06604-4627				<b>Telephone</b>	(203) 331-3081	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:00 AM – 6:30 PM	<b>School Age Capacity</b>	3
<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>	6	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow Up on Supervision				<b>Inspector's Name</b>	Candy Vargas		
<b>Provider's Email</b>	riosriveranatii@yahoo.com				<b>Inspector's Email</b>	candy.vargas@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).*

*Nayda Rivera*

*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>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-10(i)]	<b>Description:</b> 081-Supervision-At All Times, Indoors/Outdoors

