



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	NAOMI MITCHELL			License Number	DCFH.41256	Date of Inspection	05/15/2024
				Expiration Date	12/31/2025	Time of Inspection	02:31 PM
Address	202 HOMESTEAD AVE HARTFORD CT 06112-2341			Telephone	(860) 293-1063	Regular Capacity	6
				Days and Hours	M- F 6AM - 6PM	School Age Capacity	3
# Children Present	2	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Follow up on Lead and outdoor space			Name of Inspector	Jenny Ferreira		
Provider's Email	naomi1431@yahoo.com			Inspector's Email	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

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-9(f)(1)]	Description: 039-Safe Space-Sufficient
Per provider, temporarily uses front porch for outdoor activity. One infant and one afterschool children enrolled at this time.	
Statute and/or Regulation:	Description:

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

--	--

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

--	--

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

--	--

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



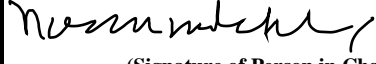
--	--

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
-------------------	---

DISCUSSIONS/COMMENTS

Provider agrees to send in Self-Declaration of Compliance form along with CAP with clear statement.

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)
Jenny Ferreira (Printed Name)	 (Printed Name)		NAOMI MITCHELL (Printed Name)