



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	NAOMI MITCHELL			License Number	DCFH.41256	Date of Inspection	07/11/2024
				Expiration Date	12/31/2025	Time of Inspection	01:30 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	0			Summer Care	Open
Purpose of Inspection	CAP Pick Up			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).

Naomi Mitchell

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:

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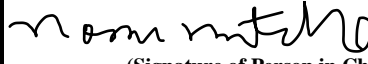
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

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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)