



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MIRNA CARRILLO		License Number	DCFH.55383	Date of Inspection	01/29/2025
			Expiration Date	11/30/2026	Time of Inspection	03:23 PM
Address	143 GREEN MANOR DR EAST HARTFORD CT 06118-3523		Telephone	(860) 214-2415	Regular Capacity	6
			Days and Hours	M-F 6:00AM-7:00PM	School Age Capacity	3
# Children Present	0	# Under 18 months present	0		Summer Care	Open
Purpose of Inspection	Follow-up for background checks.		Name of Inspector	Carmen Valenzuela		
Provider's Email	mirnacarrillo927@gmail.com		Inspector's Email	carmen.valenzuela@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: [19a-87b-8a]	Description: 021-Background Check
Failed to ensure comprehensive background check(s) have been conducted for provider.	
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-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

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



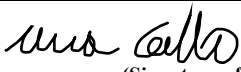
YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
-------------	--

DISCUSSIONS/COMMENTS

#21 Continuation
 As per provider she had already completed the forms and had gone for the fingerprints; however, there was an issue with her name and she has to repeat them. Appointment is scheduled for February 12, 2025.
 Note: The new household member who needed background checks, completed the process, but has since moved and is no longer part of the household. Notification of the change was received during today's visit.

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)	DATE CORRECTIONS DUE BY: 02/12/2025	 (Signature of Person in Charge)
Carmen Valenzuela (Printed Name)	 (Printed Name)		MIRNA CARRILLO (Printed Name)