



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MANUELA ARANGO				License Number	DCFH.56780	Date of Inspection	01/15/2026
					Expiration Date	4/30/2028	Time of Inspection	02:11 PM
Address	73 FLATBUSH AVENUE HARTFORD CT 06106-3811				Telephone	(860) 719-5023	Regular Capacity	6
					Hours of Operation	6:00 AM – 10:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	Yes
					Total children present	0	Night Hours	No
Type of Inspection	CAP Follow-up				Inspector's Name	Jenny Ferreira		
Provider's Email	manuedu2512@hotmail.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).

Manuela Arango

Signature of Provider/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
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OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(c)]	Description: 005-Nontransferability

Statute and/or Regulation: [19a-87b-17(a)(2)]	Description: 095-Parent Permission for Nonprescription Topical Meds
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Parent permission form completed.

Statute and/or Regulation: [19a-87b-17(a)(3)(A) and/or 19a-87b-17(a)(3)(B)]	Description: 097-Nonprescription Topical Meds Stored/Labeled
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Medication labeled and stored appropriately.

Statute and/or Regulation: [19a-87b-17(a)(3)(C)]	Description: 098-Unused/Expired Nonprescription Meds
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No expired medication observed.

Statute and/or Regulation: [19a-87b-17(b)(3)]	Description: 100-Written Authorized Prescriber/Parent Permission
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Form completed by parent.

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

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. Providers are required by statutes and regulations to be in compliance at all times.
- **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 Provider/Substitute/Applicant)
Jenny Ferreira (Printed Name)	 (Printed Name)		MANUELA ARANGO (Printed Name)