

Initial    Unannounced Full/Partial    Follow-up    Location Change    Investigation    Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Deborah King-Brown Date: 10/11/23 Time: 9:01 AM

Location Address: 10 Bart Road Windsor CT 06095-11231 Telephone #: 860 462 0059

e-mail address: deborahking1103@gmail.com License #: 561059 Expiration Date: 6-30-26

Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

<b>Consent to Inspect Family Child Care Home</b>	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature <u>Deborah King-Brown</u></i>
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Purpose of visit: Follow-up for expired background checks violation cited during full inspection on 9/12/23.

Observations/Corrections needed:

#21 met with provider - she was in compliance with no children being present until the criminal background checks are current. provider and 2 household members had their digital fingerprints taken on 10/4/23. BCIS still does not indicate current for provider. provider understands she is unable to provide care until background checks come back and show current.

\* provider will follow-up with BCIS for status update on prints  
- During follow-up provider sent email to <sup>oec.bcc@ct.gov.</sup> ~~BCIS~~ <sub>imp</sub> requesting an update and left a voicemail for them as well

S = Substantiated   NS = Not Substantiated   P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: UMPerez  
(OEC Representative)

Print Name: Melina Perez

Signature: Deborah King-Brown  
(Person in Charge)

Print Name: Deborah King-Brown