



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	LOTTIE M BROWN			License Number	DCFH.56264	Date of Inspection	12/06/2023
				Expiration Date	2/28/2025	Time of Inspection	11:49 AM
Address	151 HYDE ST NEW HAVEN CT 06512-3154			Telephone	(203) 780-8792	Regular Capacity	6
				Days and Hours	MON- FRI 8-4:30	School Age Capacity	3
# Children Present	3	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up to 10/20/23 full. Check cap items.			Name of Inspector	Linda Johnson Moylan		
Provider's Email	lottiebown@gmail.com			Inspector's Email	linda.moylan@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

Violations

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

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Other Findings-In Compliance		
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Statute and/or Regulation	Description	Comments
[19a-87b-6(b)]	013-Medical Statement	
[19a-87b-6(c)]	014-First Aid Certificate	
[19a-87b-6(c)]	015-CPR Certificate	
[19a-87b-9(d)(5)]	033-Emergency Evacuation Drills-Quarterly	
[19a-87b-10(b)(1)]	053-Enrollment Form	

[19a-87b-10(b)(2)]	054-Child Health Record	
[19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	055-Immunizations	
[19a-87b-10(d)(3)]	069-Individual Plan of Care	

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

Discussions:

Emergency medication for policy.

Comments:

Found cap item to be compliant.

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.

<i>Linda Johnson Moylan</i> (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	<i>John M. Brown</i> (Signature of Person in Charge)
Linda Johnson Moylan (Printed Name)	 (Printed Name)		 (Printed Name)