Connecticut Office of Early Childhood

DIVISION OF LICENSING
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FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	**KAREN F BROWN**			**License Number**	**DCFH.52517**	**Date of Inspection**	**02/10/2025**
				Expiration Date	**10/31/2025**	**Time of Inspection**	**09:30 AM**
Address	**273 MOUNTAIN RD** **ELLINGTON CT 06029-3710**			**Telephone**	**(860) 966-9411**	**Regular Capacity**	**6**
				Days and Hours	**M - F 7:00 TO 4:00 CARE IN BASEMENT - CALL IF NAPTIME**	**School Age Capacity**	**3**
# Children Present	**4**	**# Under 18 months present**	**1**			**Summer Care**	**Closed**
Purpose of Inspection	**Follow up to safe sleep**			**Name of Inspector**	**Jannie Thornton**		
Provider's Email	**KFB319@COMCAST.NET**			**Inspector's Email**	**jannie.thornton@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:	**Description:**
[-]	**000 No Violations**

No violations were cited during this inspection

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

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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:	[19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	Description:	073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	

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

DISCUSSIONS/COMMENTS

Provider is in compliance with safe sleep regulation.

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.*

Jannie Thornton (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	Karen Brown (Signature of Person in Charge)
Jannie Thornton (Printed Name)	(Printed Name)		KAREN F BROWN (Printed Name)