



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	ADRIENNE R JOHNSON				<b>License Number</b>	DCFH.52671	<b>Date of Inspection</b>	07/10/2025
					<b>Expiration Date</b>	4/30/2026	<b>Time of Inspection</b>	09:10 AM
<b>Address</b>	250 HOWARD AVE NEW HAVEN CT 06519-2724				<b>Telephone</b>	(203) 530-2934	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:30 AM – 5:30 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?	<input checked="" type="checkbox"/>	No?	<input type="checkbox"/>	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>	52 Howard Ave New Haven CT 06519				<b># Under 18 mths present</b>	0	<b>Weekend Hours</b>	No
					<b>Total children present</b>	0	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Change of Address				<b>Inspector's Name</b>	Jannie Thornton		
<b>Provider's Email</b>	c2july98@yahoo.com				<b>Inspector's Email</b>	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**

<b>Statute and/or Regulation:</b>	[19a-87b-6(c)]	<b>Description:</b>	015-CPR Certificate
<p>Provider not in compliance with maintaining a valid CPR certification when certificate expired in March. Provider is trying to schedule one within the week. Copy of the registration will be sent to the OEC.</p>			
<b>Statute and/or Regulation:</b>		<b>Description:</b>	
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<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(c)]	<b>Description:</b> 005-Nontransferability

