



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	KAREN F BROWN	License Number	DCFH.52517	Date of Inspection	11/17/2025
		Expiration Date	10/31/2029	Time of Inspection	10:29 AM
Address	273 MOUNTAIN RD ELLINGTON CT 06029-3710	Telephone	(860) 966-9411	Regular Capacity	6
		Hours of Operation	7:00 AM — 4:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?	No?	X	Days of Operation	Mon-Fri
				Summer Hours	Closed
New Address		# Under 18 mths present	1	Weekend Hours	No
		Total children present	5	Night Hours	No
Type of Inspection	Follow up to check hot tub.	Inspector's Name	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:	Description:
[19a-87b-5(d) and/or 10(a)]	004-Capacity
Statute and/or Regulation:	Description:
[19a-87b-5(e)]	006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-9(f)(3)]		Description: 041-Hot Tubs	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
WERE VIOLATIONS CITED DURING THIS VISIT?			YES/NO: No
DISCUSSIONS/COMMENTS			
Checked the hot tub and it was locked. Discussed upcoming corrective action plan due date.			
IMPORTANT NOTES			
- It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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 <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.			
 (Signature of OEC Representative)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Jannie Thornton (Printed Name)			KAREN F BROWN (Printed Name)