



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

|  |  |  |     |   |                         |                          |                     |            |
|--|--|--|-----|---|-------------------------|--------------------------|---------------------|------------|
| Provider                                   | LAURA BROWN  |  |     |   | License Number          | DCFH.56845               | Date of Inspection  | 01/22/2026 |
|  |  |  |     |   | Expiration Date         | 8/31/2028                | Time of Inspection  | 10:35 AM   |
| Address                                    | 83 IRVINGTON ST<br>NEW HAVEN CT 06513-4619   |  |     |   | Telephone               | (203) 430-5820           | Regular Capacity    | 6          |
|  |  |  |     |   | Hours of Operation      | 7:00 AM – 10:00 PM       | School Age Capacity | 3          |
| Is this a Change of Address?               | Yes?   |  | No? | X | Days of Operation       | Mon-Fri                  | Summer Hours        | Open       |
| New Address                                |  |  |     |   | # Under 18 mths present | 0                        | Weekend Hours       | No         |
|  |  |  |     |   | Total children present  | 4                        | Night Hours         | No         |
| Type of Inspection                         | UNANNOUNCED INSPECTION - FULL  |  |     |   | Inspector's Name        | Carmen Valenzuela        |                     |            |
| Provider's Email                           | kiki99@comcast.net   |  |     |   | Inspector's Email       | carmen.valenzuela@ct.gov |                     |            |
| Key:<br>Compliant = X<br>Non-Compliant = O | <p><u>Consent to Inspect:</u> 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).</p> <p style="text-align: right;"><i>Laura Brown</i><br/>Signature of Provider/Substitute/Applicant</p> |  |     |   |                         |                          |                     |            |

**TERMS OF REGISTRATION 19a-87b-5**

|   |                                      |          |
|---|--------------------------------------|----------|
| X | 4. Capacity                          |          |
| X | 5. Non-transferability of license    | Pending? |
| X | 6. Infant/Toddler Restriction        |          |
| X | 7. License Posted                    |          |
| X | 8. Parent Access to OEC Phone Number |          |
| X | 9. Photo ID                          |          |
| X | 10. Requests for Information         |          |
| X | 11. Notification of Change           |          |

**QUALIFICATION OF PROVIDER 19a-87b-6**

|   |  |            |
|---|--|------------|
| X | 12. Awareness of, Understanding of Regulations |            |
| X | 13. Medical statement                          |            |
|   | Expiration date:                               | 12/18/2026 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 03/05/2027 |

|          |                            |  |
|----------|----------------------------|--|
| <b>X</b> | <b>15. CPR Certificate</b> |  |
|          | Expiration date:           |  |
|          | 03/05/2027                 |  |
| <b>X</b> | <b>16. Judgment</b>        |  |

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

|          |                                  |  |
|----------|----------------------------------|--|
| <b>X</b> | <b>17. Medical Statement</b>     |  |
| <b>X</b> | <b>18. Household Environment</b> |  |

**QUALIFICATIONS OF STAFF 19a-87b-8**

|          |                                |            |              |  |                |                    |
|----------|--------------------------------|------------|--------------|--|----------------|--------------------|
| <b>X</b> | <b>19. Sub/Assistant</b>       | <b>Y/N</b> | <b>Name:</b> | <b>Annette Brown- Kiara Olivia Brown</b> | <b>Appvl #</b> | <b>92415-92757</b> |
|          | Type of Staff :                | <b>Y</b>   |              |  |                |                    |
|          | Substitute                     |            |              |  |                |                    |
| <b>X</b> | <b>20. Emergency Caregiver</b> |            |              |  |                |                    |

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

|          |                                |  |
|----------|--------------------------------|--|
| <b>X</b> | <b>21. Background Check(s)</b> |  |
|----------|--------------------------------|--|

**PHYSICAL ENVIRONMENT 19a-87b-9**

|          |  |            |  |  |  |  |
|----------|--|------------|--|--|--|--|
| <b>X</b> | <b>22. Clean/Sanitary Environment</b>                |            |  |  |  |  |
| <b>X</b> | <b>23. Freedom of Hazards</b>                        |            |  |  |  |  |
| <b>X</b> | <b>24. Harmful Substances/Materials Inaccessible</b> |            |  |  |  |  |
| <b>X</b> | <b>25. Bio-contaminants Disposed Safely</b>          |            |  |  |  |  |
| <b>X</b> | <b>26. Safe Storage of Flammables</b>                |            |  |  |  |  |
| <b>X</b> | <b>27. Safe Door Fasteners</b>                       |            |  |  |  |  |
| <b>X</b> | <b>28. Electrical Safety</b>                         |            |  |  |  |  |
| <b>X</b> | <b>29. Safe Exits</b>                                |            |  |  |  |  |
| <b>X</b> | <b>30. Basement Supervision</b>                      | <b>Y/N</b> |  |  |  |  |
|          |  | <b>Y</b>   |  |  |  |  |
|          | <b>Used for Care ?</b>                               | <b>Y/N</b> |  |  |  |  |
| <b>X</b> | <b>31. Stairways - Protected, Handrails</b>          |            |  |  |  |  |
| <b>X</b> | <b>32. Emergency Plan</b>                            |            |  |  |  |  |

|          |   |   |  |
|----------|---|---|--|
| <b>O</b> | 33. Emergency Evacuation Drills - Quarterly/Log               | Provider not in compliance with maintaining a written log of the drills for one year when provider stated she did not have one, she has done it but has no log of the drills. |  |
| <b>X</b> | 34. Smoke Detectors   |   |  |
| <b>X</b> | 35. Carbon Monoxide Detector                                  |   |  |
| <b>X</b> | 36. Fire Extinguisher- 5 lb. ABC/Installed                    |   |  |
| <b>X</b> | 37. Auxiliary Heating System N Type?                          | Appvd?  |  |
| <b>X</b> | 38. Safe Storage of Weapons and Ammunition                    |   |  |
| <b>X</b> | 39. Safe Space-Sufficient<br>Indoors   Outdoors<br>Y   Y      |   |  |
| <b>X</b> | 40. Body of Water-Type:<br>Barrier?                           | Y/N<br>N  |  |
| <b>X</b> | 41. Hot Tubs-Locked - Inaccessible                            | Y/N<br>N  |  |
| <b>X</b> | 42. Ventilation, Light and Temperature- 65°                   |   |  |
| <b>X</b> | 43. Window Safety   |   |  |
| <b>X</b> | 44. Washing Toileting, Sewage Garbage Facilities              |   |  |
| <b>X</b> | 45. Adequate and Safe Water - Type of System:<br>Public Water |   |  |
| <b>X</b> | 46. Water Temperature- 60°-120°                               |   |  |
| <b>X</b> | 47. Pasteurization of Milk Supply                             |   |  |
| <b>X</b> | 48. Working Phone, Emergency Numbers Posted                   |   |  |
| <b>X</b> | 49. Safe Transportation Registered, Insured, Restraints       |   |  |
| <b>X</b> | 50. First Aid supplies  |   |  |
| <b>X</b> | 51. Pet protection<br>Pets?<br>Rabies Certs?                  | Type:<br>N  |  |
| <b>X</b> | 52. Smoking Prohibited  |   |  |

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

|          |                     |  |  |
|----------|---------------------|--|--|
| <b>X</b> | 53. Enrollment Form |  |  |
|----------|---------------------|--|--|

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| <b>O</b> | <b>54. Child Health Record</b>  | <b>Provider not in compliance with maintaining current and/or complete child health record(s) for one child with an expired form, and one with an incomplete form, just a summary of a visit</b> |
| <b>X</b> | <b>55. Immunizations</b>  |  |
| <b>X</b> | <b>56. Emergency Permission</b>   |  |
| <b>X</b> | <b>57. Authorized Release</b>   |  |
| <b>X</b> | <b>58. Field Trip and Transportation Permission- To/From School</b>             |  |
| <b>X</b> | <b>59. Swimming Permission</b>  |  |
| <b>X</b> | <b>60. Incident Log</b>   |  |
| <b>X</b> | <b>61. Confidentiality</b>  |  |
| <b>X</b> | <b>62. Meeting the Child's Needs</b>  |  |
| <b>X</b> | <b>63. Sufficient Play Equipment</b>  |  |
| <b>X</b> | <b>64. Good Nutrition- Meals/Snacks, Water Available</b>                        |  |
| <b>X</b> | <b>65. Handwashing</b>  |  |
| <b>X</b> | <b>66. Flexible and Balanced Written Schedule</b>                               |  |
| <b>X</b> | <b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>                   |  |
| <b>X</b> | <b>68. Proper Rest Provisions – Safe Cribs</b>                                  |  |
| <b>X</b> | <b>69. Individual Plan for Care (Written if Applicable)</b>                     |  |
| <b>X</b> | <b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>               |  |
| <b>X</b> | <b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>               |  |
| <b>X</b> | <b>72. Infants Placed on Back for Sleeping</b>                                  |  |
| <b>X</b> | <b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b> |  |

|          |  |  |
|----------|--|--|
| <b>X</b> | 74. Crib or Other Provision Free from Observable Hazards             |  |
| <b>X</b> | 75. Infants not Swaddled   |  |
| <b>X</b> | 76. Infants Supervised – minimum every 15 minutes                    |  |
| <b>X</b> | 77. Req. for Sleep Arrangements Posted/Discussed                     |  |
| <b>X</b> | 78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal |  |
| <b>X</b> | 79. Parent Information and Access                                    |  |
| <b>X</b> | 80. Developmental Milestones – Posted                                |  |
| <b>X</b> | 81. Supervision- at all Times, Indoors, Outdoors                     |  |
| <b>X</b> | 82. Personal Schedule- Alert, Competent Attention                    |  |
| <b>X</b> | 83. Full Attention - Distractions, Employment, Socialization         |  |
| <b>X</b> | 84. Immediate Attention  |  |
| <b>X</b> | 85. Substitute – Emergency Caregiver Present                         |  |
| <b>X</b> | 86. Appr. Discipline, Behavior Management                            |  |
| <b>X</b> | 87. Discuss Beh. Management Methods w/Staff and Parents              |  |
| <b>X</b> | 88. Child Protection- Abuse/Neglect                                  |  |
| <b>X</b> | 89. Notify OEC within 24 hrs. - Death or Serious Injury              |  |
| <b>X</b> | 90. Mandated Reporting Abuse or Neglect to DCF                       |  |

### SICK CHILD CARE 19a-87b-11

|          |                     |  |
|----------|---------------------|--|
| <b>X</b> | 91. Sick Child Care |  |
|----------|---------------------|--|

### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

|          |   |  |
|----------|---|--|
| <b>X</b> | 92. Separate Bed- Location of Bed - Appropriate Sleepwear |  |
|----------|---|--|

**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

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| <b>X</b> | 93. Access-<br>Immediate, Entire<br>or Part of Facility<br>and Records |  |
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

|          |   |  |
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| <b>X</b> | 94. Policies and<br>Procedures for<br>Admin of Meds |  |
|----------|---|--|

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| <b>X</b> | 95. Parent<br>Permission for<br>Nonprescription<br>Topical Meds |  |
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| <b>X</b> | 96. Notification -<br>Documentation of<br>Med Error(s) |  |
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| <b>X</b> | 97.<br>Nonprescription<br>Topical Meds-<br>Stored/Labeled |  |
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| <b>X</b> | 98. Unused -<br>Expired<br>Nonprescription<br>Meds |  |
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| <b>X</b> | 99. Documented<br>Medication<br>Trained Staff |  |
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| <b>X</b> | 100. Written Auth<br>Prescriber/Parent<br>Permission |  |
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| <b>X</b> | 101. MAR<br>Maintained |  |
|----------|------------------------|--|

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|----------|---|--|
| <b>X</b> | 102. Prescription<br>Meds -<br>Stored/Labeled |  |
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|          |   |  |
|----------|---|--|
| <b>X</b> | 103.<br>Unused/Expired<br>Prescription Meds |  |
|----------|---|--|

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|----------|---|--|
| <b>X</b> | 104. Emergency<br>Meds- Equip.<br>Labeled/Current |  |
|----------|---|--|

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|----------|-----------------------------|--|
| <b>X</b> | 105. Self-Admin.<br>Of Meds |  |
|----------|-----------------------------|--|

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|----------|---|--|
| <b>X</b> | 106. Petition for<br>Special<br>Medication<br>Authorization |  |
|----------|---|--|

**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

|          |  |  |
|----------|--|--|
| <b>X</b> | 108. Policies for<br>Finger Stick Blood<br>Glucose Testing |  |
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|----------|--|--|
| <b>X</b> | 109. Finger Stick<br>Blood Glucose<br>Testing - Staff<br>Trained |  |
|----------|--|--|

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|----------|---|--|
| <b>X</b> | 110. Self Admin of<br>Finger Stick Blood<br>Glucose Testing |  |
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|----------|--|--|
| <b>X</b> | 111. Testing<br>Equip. &<br>Supplies-<br>Maintain,<br>Labeled, Locked,<br>Disposed |  |
|----------|--|--|

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|----------|---|--|
| <b>X</b> | 112. Finger Stick Blood Glucose Testing Records |  |
| <b>X</b> | 113. Parent Notification of Test Results        |  |

**ADDITIONAL VIOLATIONS**

|  |  |          |
|--|--|----------|
|  | 114. Consent Order - Negotiated Corrective Action Plan | N/A?     |
|  |  | <b>X</b> |



|   |     |                                     |              |
|---|-----|-------------------------------------|--------------|
| WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No? | Yes | LEVEL OF NON-COMPLIANCE THIS VISIT: | 2 out of 109 |
|---|-----|-------------------------------------|--------------|

**DISCUSSIONS/COMMENTS**

Discussed process for renewal of staff approval. Use of staff approved already by the Office. One approved substitute present today, credential # 92757. One staff with pending approval after her credential lapsed, will continue working with provider upon approval. Flyers with information on safe sleep in child care program was given to provider today. Information on how to contact legal division for help was provided today.

**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.*
- *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.*

|   |                                       |                          |   |
|---|---------------------------------------|--------------------------|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE CORRECTIONS DUE BY: | <br>(Signature of Provider/Applicant/Substitute) |
| <b>Carmen Valenzuela</b><br>(Printed Name)  | <br>(Printed Name)                    | <b>02/05/2026</b>        | <b>LAURA BROWN</b><br>(Printed Name)  |