☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☑ Investigation ☐ Other_____

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carelot Children's Center Date: 7/22/21 Time: 830

Location Address: 865 main St. Brooklyn Telephone #(860) 779 0400

e-mail address: brooklyn@carelot.net License #: 16429 Expiration Date: 1/31/22

Capacity: 66/24 # of Children Present: 19 # of Staff Present: 6

| | |
|---|---|
| ***Consent to Inspect Family Child Care Home*** | *I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.* ***Provider/Applicant/Substitute's Signature*** _____ |

Purpose of visit: complaint investigation 2021-445

Observations/Corrections needed:

(S) 19a-79-4a(c)(4)(A) Ratio

Program was out of ratio by 1 child from 8:03-8:10 A.M.

**S = Substantiated NS = Not Substantiated P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: _____
*(OEC Representative)*
Carolynne DeLoreto

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 8-5-21

Signature: _____
*(Person in Charge)*
Danielle DiRaimo
Danielle Di Raimo