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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carelot Children's Center Date: 8/11/21 Time: 9:15

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

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

Capacity: 40/24 # of Children Present: 17 # of Staff Present: 4

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: follow up 2021-445

Observations/Corrections needed:

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

Program reports no further issues with morning ratios. Schedule has been updated to provide adequate coverage.

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: Carolynne Delorenzo
(OEC Representative)
Carolynne Delorenzo

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: Jen Pavoni
(Person in Charge)
Jennifer Pavoni