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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carelot Children's Center Brooklyn Date: 10/19/21 Time: 10:10

Location Address: 86 S. Main St. Brooklyn Telephone #: 8607790400

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

Capacity: 66/24 # of Children Present: 2 # of Staff Present: 3

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: partial to 2021-445

Observations/Corrections needed:

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

Program is partially closed due to toddler with positive COVID. Local health has been contacted. No reported ratio problems.

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

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

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

Signature: _____ *(OEC Representative)*

Print Name: Carolynne DeLoreto

Signature: _____ *(Person in Charge)*

Print Name: Jennifer [illegible]