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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carelat Children's Center Date: 12/22/22 Time: 11:20

Location Address: 86 S Main St., Brooklyn Telephone #: 860-779-0400

e-mail address: brooklyn@carelat.net License #: 16429 Expiration Date: 1/31/26

Capacity: 66 # of Children Present: 11 # 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 to 12/8/22 inspection.

Observations/Corrections needed:

Follow up to observe compliance with Safe Sleep. No violations / compliant.

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: Linda Mayhew
(OEC Representative)
Linda Mayhew

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1/5/22

Signature: Gina Sosa
(Person in Charge)
Gina Sosa