

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carelot Clubhouse Date: 4/1/23 Time: 7:45

Location Address: 24 Rope Ferry Road Waterford Telephone #: 800 447 4049
87767

e-mail address: heather@carelot.net License #: 110913 Expiration Date: 3/31/26

Capacity: 139 # of Children Present: 22 # 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: partial on ratios

Observations/Corrections needed:

(NS) 21 observed no ratio or group size violations

(NS) 22 observed no ratio or group size violations

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: 1/19

Signature: Ch DeWroto
(OEC Representative)

Print Name: Carolynne DeWroto

Signature: Heather Hunter-Cable
(Person in Charge)

Print Name: Heather Hunter-Cable