

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carelot Children's Center Date: 5/23/23 Time: 8:47

Location Address: 203 Boston Post Road Waterford Telephone #: 8604471163

e-mail address: waterford@carelot.net License #: 15148 Expiration Date: 7-31-26

Capacity: 52 # of Children Present: 25 # of Staff Present: 8

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

Purpose of visit: follow up to full on 5/9/23

Observations/Corrections needed:

(NS) #21 ratio - over three

Preschool classroom was in ratio at today's visit

(NS) #110 ratio - under three

all under three classrooms were in ratio at today's visit

(NS) 19a-79-4a(c)(4)(D) supervision

Program had a staff assigned as door greeter

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: Christina Agosto
(OEC Representative)

Print Name: Cashyone Deloreto

Signature: Kelly Dahl
(Person in Charge)

Print Name: Kelly Dahl