

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carelot Children's Center Date: 8/10/23 Time: 8:31A

Location Address: 203 Boston Post Road Waterford Telephone #: 800 447 1163

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

Capacity: 52 # of Children Present: 17 # of Staff Present: 5

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature _____
--	--

Purpose of visit: follow up/partial to 5/9/23 inspection

Observations/Corrections needed:

NS #21 ratio - over three
no violations noted

NS #110 ratio - under three
no violations noted

NS #9a-79-4a(c)(4)(D) supervision
no violations noted

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: [Signature]
(OEC Representative)

Print Name: Carolynne Deloreto

Signature: [Signature]
(Person in Charge)

Print Name: Taylor McDonald