

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carelot Children's Center - Waterford Date: 1/17/25 Time: 1:30 pm
Location Address: 203 Boston Post Rd Waterford, CT 06385 Telephone #: (860) 447-1163
e-mail address: waterford@carelot.net License #: 15148 Expiration Date: 7.31.26
Capacity: 52 # of Children Present: 30 # of Staff Present: 5

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: Complaint Investigation

Observations/Corrections needed:

S = 19a-79-4a(d)(6) While doing walkthrough of the program
The overall staff child ratio was not met on the licensed premises during naptime. Program was short 1 staff who was out of the licensed premises on lunch break.
* 10:1 - 2's room 4:1 - U3 8:1 - U3 8:1 - U5 (director on site)

NS = 19a-79-3a(a) ensuring the children's health, safety and development
No evidence to substantiate when staff report children do go outside in the wild but have to wear coats, hats and gloves. Children are given their lunches and are able to access their own water from refrigerator.

NS = 19a-79-3a(b)(2) meeting children's needs - no evidence to substantiate (see above)

NS = 19a-79-6a(a)(2)(c) Having 1 meal plus 2 snacks or 2 meals + 1 snack
No evidence to substantiate

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: 1.31.25

Signature: Jeri K Roberts
(OEC Representative)
Print Name: Jeri K Roberts
Signature: Kelly Dahi
(Person in Charge)
Print Name: Kelly Dahi