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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carelot Children's Center - Waterford Date: 7/4/25 Time: 1:45 pm

Location Address: 203 Boston Post Rd Waterford, CT 06385 Telephone #: ~~(703)~~ (860) 447-1163

e-mail address: waterford@carelot.net License #: 15148 Expiration Date: 7.31.26

Capacity: 52 # of Children Present: 37 # of Staff Present: 7

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: Naptime Ratio Follow Up

Observations/Corrections needed:

NS= 19a-79-4a(d)(6) Naptime ratios in compliance as observed when conducting walkthrough

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: L R Roberts
(OEC Representative)

Print Name: Terri R Roberts

Signature: Kelly Dahl
(Person in Charge)

Print Name: Kelly Dahl