

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carelot Children's Center Brooklyn Date: 6/3/25 Time: 9:20 AM

Location Address: 86 S Main Street Brooklyn Telephone #: 860-779-0400

e-mail address: brooklyn@carelot.net License #: 16429 Expiration Date: 1/31/26

Capacity: 66/24 # of Children Present: 24 # 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: Case 2025-492

Observations/Corrections needed:

19a-79-10(g)(1) Under three endorsement - Safe Sleep

⑤ Regulation not in compliance when DEC representative observed loose sheet in crib while infant sleeping

19a-79-10(g)(3) Under three endorsement - Safe Sleep

⑤ Regulation not in compliance when DEC representative observed two infants sleeping with bibs around their necks

19a-79-3a(b)(7)(A) Administration - child behavior management

⑨ Pending further investigation interviews

19a-79-3a(b)(7)(E) Administration - Mandated Reporting

⑤ Regulation not in compliance when program staff did not file DEC report when parent attempted to pick up children under the Discussions - See "Resolving Disputed Violations" on bottom of CAP. influence

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: 6/17/25

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

(DEC Representative)

(Person in Charge)

