



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME FOLLOW UP – PARTIAL INSPECTION

Program Name	CARELOT CHILDREN'S CENTER- BROOKLYN					License Number	DCCC.16429		Date of Inspection	10/30/2025	
						Expiration Date	1/31/2026		Time of Inspection	09:45 AM	
Address	86 S MAIN ST BROOKLYN CT 06234-3808					Telephone	(860) 779-0400		Licensed Capacity	66	
						Hours of Operation	6:30 AM – 5:30 PM		Under Three Capacity	24	
Is this a Change of Address?		Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 12 weeks years	
New Address						Night Hours	No	Summer Hours	Open	Weekend Hours	No
						Program's Email	brooklyn@carelot.net				
Operator	CARELOT CHILDREN'S CENTER INC					Director	DANIELLE DAIGNEAULT				
Endorsements	Pre-School, School Age, Under Three					Name of Inspector	Evelyn Vicente-Quinones				
Numbers of Staff/Children Present	# Children Present under age 3	9	# Total Children Present	24	# of Staff Present	5	Purpose of Visit	Partial Sleep Arrangements			

REGULATIONS NOT IN COMPLIANCE

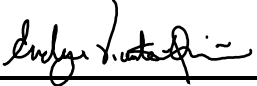
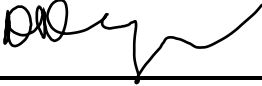
Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-10(g)(1-8)] 130- Safe Sleep
Regulation in compliance at time of today's visit.	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:			
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Statute and/or Regulation and Description:			
Statute and/or Regulation and Description:			
DISCUSSIONS/COMMENTS			
Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.	
Signature of OEC Representative			Signature of Person in Charge
Printed Name	Evelyn Vicente-Quinones	Danielle Daigneault	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met <u>and</u> a license has been issued by the Agency.		
Printed Name	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.		
		Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
OEC Representative's Email: evelyn.vicente-quinones@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	