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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Quality Care Day Care + Coop Nursery Schol Date: 10/18/21 Time: 8:46am

Location Address: 90 Hartford Rd. Salem, CT 06420 Telephone #: 860 859-2612

e-mail address: charleen.collins@yahoo.com License #: 16051 Expiration Date: 11/30/2024

Capacity: 46 u3 23 # of Children Present: 18 u310 # 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*** N/A

Purpose of visit: Complaint Investigation Case # 2021-738

Observations/Corrections needed:

(S) 19a-79-8a: Educational requirements - Program failed to include pre snack prayer in their written plan for the daily program and provide the documentation to families.

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: 11/1/2021

Signature: Stephanie Pia (OEC Representative)

Print Name: Stephanie Pia

Signature: Colleen Rios-Brunelle (Person in Charge)

Print Name: Colleen Rios-Brunelle