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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Quality Care Daycare + Coop Date: 9/12/23 Time: 10:30

Location Address: 90 Hartford Road Salem Telephone #: 860 859 2612

e-mail address: Charleen.collins@yahoo.com License #: 160051 Expiration Date: 11-30-24

Capacity: 46 # of Children Present: 30 # of Staff Present: 8

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: fence measurement

Observations/Corrections needed:

No violations observed.

Program replaced front and side of the "blue yard" fence to meet the 48" required height.

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: _____
(OEC Representative)
Print Name: Carolynne Deloreto

Signature: _____
(Person in Charge)
Print Name: Charleen M. Collins