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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Quality Care Day Care ; Co Op N.S. Date: 10/29/25 Time: 11:04

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

e-mail address: charlene.collins@yahoo.com License #: 160 51 Expiration Date: 11/30/28

Capacity: 46/23 # of Children Present: 22/9 # 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*** _____

Purpose of visit: follow-up to violations on 8-18-25

Observations/Corrections needed:

(NS)

#27 Ratios 19a-79-4a(d)(4)(A-B)

There were no ratio violations observed at today's visit.

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: Maddison Travaglino