

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids of Chatham Organization Date: 4-11-23 Time: 10

Location Address: 12 Long Crossing Rd. East Hampton Telephone #: 860 267-6080

e-mail address: director@kocoykids.org License #: 15247 Expiration Date: 2-28-25

Capacity: 149 # of Children Present: 86 # of Staff Present: 17

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 # 2023-271

Observations/Corrections needed:

S- 19c.79.49 (b)(1)+(2) - observed one staff working without a completed background check

NS- 19c.79.49 (c)(1) - observed staff medical statements on file

NS- 19c.79.59 (a)(2)(E) - observed care plans on file ^{with} for children with allergies

NS- 19c.79.79 (g) - did not observe any unsafe or broken equipment

NS- 19c.79.10 (s) - did not observe any site sleep violations

NS- 19c.79.59 (a)(1) + (2) - observed enrollment forms and health records for children on site.

NS- 19c.79.10 (i) - observed health consultant weekly visits

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature] Kevin Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 5-1-23

Signature: [Signature]
(Person in Charge)
Janet M. Santos