

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Susan Kapchanos Date: 7/11/23 Time: 3:01pm

Location Address: 19 69 Ellington Rd. South Windsor Telephone #: 860 716 5206

e-mail address: suey-kup@yahoo.com License #: 31419 Expiration Date: 5/31/26

Capacity: 6+3 # of Children Present: 4 # of Staff Present: 1

**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 [Signature]

Purpose of visit: Follow-up for Safe Space. Susan Kupchanos

Observations/Corrections needed:

In compliance at the time of this visit.

Reviewed: medical forms that were not current on 6/27/23. All three current now. Provider to submit first aid / CPR certificates. Outdoor equipment observed repaired, in good shape.

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]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A.

Signature: [Signature]
(Person in Charge)