

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids of Chatham Organization Date: 1/29/25 Time: 10<sup>48</sup> am

Location Address: 12 Long Crossing Rd East Hampton Telephone #: 860-247-6080

e-mail address: executivedirector@kocoKids.org License #: 15247 Expiration Date: 2/28/29

Capacity: 151/42 # of Children Present: 71 # of Staff Present: 12

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Case # 2025-3

Observations/Corrections needed:

19a-79-10(c)(2) Under three endorsement

(NS) observed ratios in compliance at today's OEC visit.

19a-79-10(j) Under three endorsement - Feeding

(S) observed infant being fed a bottle while propped on the floor and not held for bottle feeding during OEC representative walk-through.

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: [Signature] 2/12/25  
ER

Signature: [Signature]  
(OEC Representative)  
Print Name: Evelyn Quinones  
Signature: [Signature]  
(Person in Charge)  
Print Name: Janet Santos