

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids of Chatham Organization Date: 5/7/25 Time: 12²⁹ PM

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

e-mail address: executivedirector@koco4kids.org License #: 15247 Expiration Date: 2/28/29

Capacity: 151/42 # of Children Present: 80 # of Staff Present: 15

| | |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Consent to Inspect Family Child Care Home | <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> _____ |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Purpose of visit: Follow up to 4/28/25 visit

Observations/Corrections needed:

19a-79-10(g)(5) Under three endorsement - Swaddling
(vs) Regulation in compliance 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: _____

Signature: Evelyn Vicente - Quiriones
(OEC Representative)

Print Name: Evelyn Vicente - Quiriones

Signature: Janet Santos
(Person in Charge)

Print Name: Janet Santos