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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Coventry Kids Center Date: 2-2-23 Time: 11

Location Address: 1548 Main St., Rte 31 Coventry Telephone #: 860-742-7890

e-mail address: carolyn@coventryKids.com License #: 15799 Expiration Date: 10-31-24

Capacity: 62 # of Children Present: 27 # of Staff Present: 7

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 case # 2023-9

Observations/Corrections needed:

S - 19a-79-7a(c)(2) - observed mice droppings in the following areas: left side of refrigerator in Kitchen, basement classroom and bathroom

S 19a-79-7a(c)(2) - observed unclean toilet and sink in basement bathroom

S 19a-79-4c (b)(1)+(2) - observed KE ~~87~~ staff with out completed background checks

Discussed cleaning basement window ledges and emergency exit stairs.

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: _____ Kevin Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2-16-23

Signature: _____
(Person in Charge)
Carolyn Dulac