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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Coventry Kids Center Date: 3-3-23 Time: 10:45

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

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

Capacity: 62 # of Children Present: 30 # of Staff Present: 8

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 to 2-2-23 visit

Observations/Corrections needed:

NS - 19a-79.7a(c)(2) observed all physical plant violations from last visit corrected.

NS - 19a-79.4c(a) - observed staff medical records on site.

NS 19a-79.3a(d)(8) - observed personal policies being followed

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: _____

Signature: _____
(Person in Charge)

Carolyn Dulac