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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Coventry Kids Center Date: 3/29/23 Time: 9 AM

Location Address: 1548 Main St. Rte 31 Coventry Telephone #: 860 742 6300

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

Capacity: 62 # of Children Present: 33 # of Staff Present: 10

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: partial for playgrounds

Observations/Corrections needed:

(S) #88 observed exposed rocks under toddler swings

(S) #89 observed exposed weedblock on preschool playground

No violations cited for 87, 90, 92, 93, 94, 141 and 142

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: 4/12/23

Signature: _____ (OEC Representative)

Print Name: Carolynne Delorette

Signature: _____ (Person in Charge)

Print Name: Carolyn Dulac