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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Coventry Kids Center Date: 6/12/23 Time: 12:45

Location Address: 1548 main st, Coventry Telephone #: 860 742-7890

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

Capacity: 62/24 # of Children Present: 42 # of Staff Present: 11

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*** N/A

Purpose of visit: Follow-up to case 2023-462

Observations/Corrections needed:

(NS) 19a-79-10(g)(4) Under Three Endorsement - sleep arrangements - In compliance at this time.

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: N/A

Signature: Erin Wraight
(OEC Representative)
Print Name: Erin Wraight

Signature: Carolyn Dubac
(Person in Charge)
Print Name: Carolyn Dubac