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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Coventry Kids Center Date: 9-14-23 Time: 10

Location Address: 1548 Main St., Coventry Telephone #: 8607427890

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

Capacity: 62 # of Children Present: 34 # 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: case # 2023-847

Observations/Corrections needed:

P. 19a-79-4a (c)(4)(D) - supervision

P. 19a-79-3a(b)(2) - meeting the needs of the child

P. 19a-79-3a(d)(7) - operating policy

All regulations pending investigation

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: _____ *(OEC Representative)*

Print Name: Kevin Eddy

Signature: _____ *(Person in Charge)*

Print Name: Erica Jennings