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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Coventry Kids Center Date: 8/11/25 Time: 12:53pm

Location Address: 1548 Main St. Route 31 Coventry CT 06238 Telephone #: 860-742-7890

e-mail address: carolyn@coventrykids.com License #: 15799 Expiration Date: 10/31/28

Capacity: 62/24↓ # of Children Present: 37/12↓ # 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: Follow up to inspection conducted on 7/8/25

Observations/Corrections needed:

* 19a-79-4a(b): Observed 1 staff with work supervised station alone in classroom with 1 child.

✓ 19a-79-4a(b)(4): Evidence background check: In compliance at time of visit.

* 19a-79-10(d)~~(2)(A-D)~~(1)(A-C)(10) Adequate sinks: Observed bibs and bowls in hand washing sink. (disney)

19a-79-10(d)(2)(A i-iii) Cribs & Pack-N-Plays: In compliance at time of visit.

* 19a-79-10(g)(1-8) Safe Sleep: Observed 1 child sleeping in a bouncer seat.

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: 8/25/25

Signature: _____ *(OEC Representative)*

Print Name: Johanne Dalo

Signature: _____ *(Person in Charge)*

Print Name: Carolyn Dulac

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Coventry Kids Center License # 15799 Date: 8/11/25

Observations/Corrections needed:

* 19a-79-4a(a)(4)(D): Supervision: Observed blankets around (covering the sides) of 2 cribs.

* 19a-79-7a(e)(8-9): Lighting: All classrooms lighting was measured at 0 foot candle at naptime.

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: _____ (OEC Representative)

Print Name: Johanne

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 8/25/25

Signature: _____ (Person in Charge)

Print Name: Carolyn Dulac