

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children of America Wethersfield Date: 5/23/23 Time: 8:26  
Location Address: 199 Silas Deane Hwy Wethersfield CT Telephone #: 959-223-2100  
e-mail address: coawethersfieldct@childrenofamerica License #: 70648 Expiration Date: 5/31/26  
Capacity: 136 (56v) # of Children Present: 59 (30v) # of Staff Present: 15

**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 on Corrective Action Plan and TA

Observations/Corrections needed:

- #27 → Program still working on documentation regarding review of policies and education program (19a-79-4a(h)(2)(6)) for all consultants
- #26 → Program needs to find dietitian (19a-79-4a(h)(2))

Discussion  
→ Storage in bathrooms

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: 4/16/23

Signature: [Signature]  
(OEC Representative)  
Print Name: Johanne Dalo / K Kellerman  
Signature: [Signature]  
(Person in Charge)  
Print Name: Lauren Eldridge