

2024-886

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children of America Date: 2/13/25 Time: 2pm

Location Address: 1199 Sitas Dene Hwy Wethersfield Telephone #: 959-223-4616

e-mail address: CocowethersfieldCT@childrenofamerica.com License #: 70618 Expiration Date: 5/31/26

Capacity: 136/8 # of Children Present: 68 # of Staff Present: 14

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 _____
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Purpose of visit: 3 month Partial

Observations/Corrections needed:

PIC Deziree Brown - Administrator

(NS) 19a-79-1a(d) 9(d) - Staffing and Consultant - Supervisor - There was insufficient evidence to support that program was not adhering to supervisor policy.

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: mla

Signature: [Signature]
(OEC Representative)

Print Name: Valecia Williams

Signature: [Signature]
(Person in Charge)

Print Name: Deziree Brown