

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children of America Date: 7/1/25 Time: 11:30

Location Address: 1199 Silas Deane Hwy Wethersfield Telephone #: 959-223-2100

e-mail address: COAWethersfield@childrenofamerica.com License #: 7044R Expiration Date: 5/31/26

Capacity: 130/150 # of Children Present: 49 # of Staff Present: 13

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Investigation Case - 2025-628

Observations/Corrections needed:

⑤ 19a-79-3a (c)(1)(ii) - Administration - notification of change.
Program failed to notify Occ of a change in head teacher
within 5 days.

NS 19a-79-49 (a)(1) - Staffing - Designated head teacher.
NO evidence to support regulatory violation. Program has
an approved head teacher who works M-F 6:30am - 3:30pm.

- Parents notified of change pertaining to the director
+ classroom teacher 2 business days after change.

- Other allegations addressed in case 2025-399 which was
closed on 5/21/25.

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: 7/15/25

Signature: Kuon
(OEC Representative)
Print Name: Kristi Morgan

Signature: DJB
(Person in Charge)
Print Name: Deecee Brown