

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children of America Wethersfield   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 #: 7064F   Expiration Date: 5/3/24

Capacity: 140/60 # of Children Present: 49   # of Staff Present: 13

<b>Consent to Inspect Family Child Care Home</b>	<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>
--	---

Purpose of visit: follow up case 2025-398

Observations/Corrections needed:

19a-79-4a(d)(4)(D) - Staffing - supervision - in compliance

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: N/A

Signature: [Signature]  
(OEC Representative)  
Print Name: Kim Morgan  
Signature: [Signature]  
(Person in Charge)  
Print Name: Deecee Brown