

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Vonna Clemons Date: 7/29/25 Time: 9:05 am  
Location Address: 141 Wooster Ave Telephone #: 475 298 5657  
Stratford, CT. 06615  
e-mail address: vonnaclemson@gmail.com License #: 57555 Expiration Date: 10/31/25  
Capacity: 6+3 # of Children Present: 3 # of Staff Present: 1  
under 18 months

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature: Vonnaclemson

Purpose of visit: Follow up from inspection on 6/09/25

Observations/Corrections needed:

- 39. A 3ft gated metal fence was observed across the backyard and back of driveway secured and completely barring access to the driveway + road
- 54. Current health records were observed for the 3 children that were expired
- 55. Current Immunization records were observed for the 3 children that were not current
- 99. A current medication Training Certificate was observed for injectable, oral topical and inhaled medications date 7/10/25

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: no cap required

Signature: [Signature]  
(OEC Representative)  
Print Name: Stef A. Russo  
Signature: Vonna Clemons  
(Person in Charge)  
Print Name: Vonnaclemson