

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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children of America Date: 8/13/25 Time: 1:50
Location Address: 1199 Silas Deane HWY Telephone #: 959-223-2100
e-mail address: COAWethersfieldct@Children of America.com License #: 70648 Expiration Date: 5/31/24
Capacity: 140 # of Children Present: 66 # of Staff Present: 14

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 _____

Purpose of visit: Investigation case 2025-842

Observations/Corrections needed:

- (NS) 19a-79-6a(b)(1) - health + safety - illness procedures - no evidence to support regulatory violation.
- (S) 19a-79-5a(c)(3)(A) - record keeping - illness reports - program failed to produce or maintain illness reports for recent illnesses.
- (NS) 19a-79-8a - educational requirements - no evidence to support regulatory violation.
- (NS) 19a-79-7a(c)(2) - license premise - clean/good repair - no evidence to support regulatory violation.

Allegations pertaining to director's absence advanced in case 2025-628 on 7/1/25.

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 8/27/25

Signature: [Signature]
(OEC Representative)
Print Name: Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Lauren Eldridge