

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children of America Wethersfield Date: 8-22-25 Time: 11:30 AM

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

e-mail address: cawethersfieldct@childrenofamerica.com License #: 70648 Expiration Date: 5-31-26

Capacity: 141 # of Children Present: 68 # of Staff Present: 15

**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 _____

Purpose of visit: Investigation Case # 2025-899

Observations/Corrections needed:

(NS) 19a-79-3a(b)(6) Annual Policy Training for program staff unsubstantiated do to observing current and annual Policy & Procedure training for all involved staff

(NS) 19a-79-4a(b)(4) Evidence of Compliance with Background checks

(NS) 19a-79-4a(d) Adequate Staffing observed during incident

(NS) 19a-79-5a(a)(3)(A) injury, illness, incident reports completed & shared with parents

(S) 19a-79-4a(d)(4)(D) Supervision - Substantiated due to child being left unsupervised outdoors on playground by staff

(S) 19a-79-3a(a) Ensuring Health & Safety of children in care when staff did not follow the programs policy and procedure for transitions.

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: 9/5/25

Signature: [Signature]
(OEC Representative)
Print Name: PATRICIA D. BURSKA
Signature: [Signature]
(Person in Charge)
Print Name: Lauren Eldridge