

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: All our children Academy Date: 10/15/21 Time: 7:51am

Location Address: 514 Orchard St New Haven Telephone #: 203-848-0891

e-mail address: escelenaharris@comcast.net License #: 70457 Expiration Date: 10/31/22

Capacity: 70 # of Children Present: 9 # of Staff Present: 2

**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 NA

Purpose of visit: Follow up to 10/13/21 inspection

Observations/Corrections needed:

#110 observed 1:5 ratio in infant room

#111 group size in compliance at this time

#130 observed sheets in cribs in use, in compliance at this time.

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: 10/29/21

Signature: Fil Montanuyel ^{Jen}
(OEC Representative)
Print Name: Fil Montanuyel ^{Jen}
Signature: Mayla
(Person in Charge)
Print Name: Mayla Fulcher