

2022-16

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: All our children Academy Date: 3/31/22 Time: 9:30am

Location Address: 519 Orchard St New Haven, CT 06511 Telephone #: (203)-401-3041

e-mail address: escelena.harris@comcast.net License #: 70450 Expiration Date: 10/31/22

Capacity: 70/40 # of Children Present: 23 # of Staff Present: 6

Consent to Inspect 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.
Family Child Care Home Provider/Applicant/Substitute's Signature

Purpose of visit: follow-up case investigation - 2022-16

Observations/Corrections needed:

PIC - Gwen Daniels (teacher) Spoke to Linda Jordan - Escelena Harris via Phone
(NS) 19a-79-10(c)(2) - Under Three Endorsement - Ratios - Program was in appropriate ratio during today's visit

(NS) 19a-79-10(c)(3) - Under Three Endorsement - Infant + Toddler Group Size - Program was in appropriate group size during today's visit.

(NS) 19a-79-10(g)(1) - Under Three Endorsement - Safe Sleep - Per Staff, program was adhering to safe sleep practices after OEC's last visit.

(NS) 19a-79-10(j) - Under Three Endorsement - Bottle Feeding - Per Staff, program was adhering to appropriate bottle feeding practices, children are held for bottle feeding.

* OEC noted clock had been removed from infant classroom. No other Present at program
* Previous Substantiation Still Stand for the previous visit and require a COP.

S = Substantiated (NS) = Not Substantiated P = Pending (if applicable)

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

Signature: Valeck Williams
(OEC Representative)

Print Name: Valeck Williams

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: (PK)

Signature: Linda Jordan
(Person in Charge)

Print Name: Linda Jordan