

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: All our Children Academy Date: 10/20/21 Time: 10:00am

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

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

Capacity: 70 # of Children Present: 12 # of Staff Present: 4

**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 NA

Purpose of visit: follow up to 10/15/21 inspection

Observations/Corrections needed:

# 110 Ratios in compliance at this visit

Discussion

- 3 cribs w/ flat sheets not tight fitting
- 1 crib w/ fitted sheet not tight fitting

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: NA

Signature: [Signature] / Gen  
(OEC Representative)  
Print Name: Jen Jensen

Signature: [Signature]  
(Person in Charge)  
Print Name: Linda M. Jordan