

2022-160

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: All Our Children Academy Date: 5/23/22 Time: 11:15am

Location Address: 514 Orchard St. New Haven, CT Telephone #: (203) 401-3041

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

Capacity: 70/90 # of Children Present: 22 # 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
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: follow-up 2022-160 complaint/investigation

Observations/Corrections needed:

PIC Gwen Daniels - teacher -

(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(j) - Under Three Endorsement - Bottle feeding - Per staff, program has been adhering to appropriate bottle feeding practices.

(NS) 19a-79-10(g)(1) - Under Three Endorsement - Safe sleep - per staff, program has been adhering to safe sleep practices.

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: Valecia Wilhames
(OEC Representative)
Valecia Wilhames

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: nlw

Signature: Gwendolyn Daniels / Gwen Daniels
(Person in Charge)