

2022-270

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 06511 Telephone #: (203) 401-3011

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

Capacity: 70/40 # 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: Complaint/Investigation - follow-up 2022-270

Observations/Corrections needed:

Ms Gwen Daniels - teacher (head)
(NS) 19a-79-10(c)(2) - Under Three Endorsement - Ratio - Infant classroom
was in appropriate staff/child ratio during the visit
(NS) 19a-79-10(c)(3) - Under Three Endorsement - Group Size - Program was
in appropriate group size during visit.

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

Operators/providers are required by regulations and statutes to be in compliance at all times. Signature: Valery Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a Signature: Gwendolyn Daniels / Gwendolyn Daniels
(Person in Charge)