

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: All Our Children Academy Date: 10/20/22 Time: 11:05

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

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

Capacity: 70/40 # of Children Present: 23 # of Staff Present: 5

**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 \_\_\_\_\_

Purpose of visit: Follow-up to visit on 10/17/22

Observations/Corrections needed:

(S) 19a-79-10(g)(3) Sleep arrangements - three babies observed sleeping in cribs with bibs around their necks that can potentially be a gas trapping object.

(S) 19a-79-10(g)(1) Sleep arrangements - ~~one~~ three babies observed laying on their stomachs for sleep in cribs. One infant is three months old. The other two, provider states they rolled onto their stomach to rest.

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: Nov. 3, 2022

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Escelena Harris  
(Person in Charge)

Print Name: Escelena Harris