

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: All Our Children Academy Date: 11/28/22 Time: 9:00

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

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

Capacity: 70/40 # of Children Present: 13 # of Staff Present: 3

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 _____
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Purpose of visit: Follow-up

Observations/Corrections needed:

(NS) 19a-79-10(g) Sleep arrangements - no infants asleep

(S) 19a-79-10(c)(2) Under three, ratios - Operator failed to maintain 1:4 ratio when nine children under three observed with two staff.

(S) 19a-79-10(c)(3) Under three, group size - Group size exceeded 8 in infant room when 9 children were observed with two staff.

(NS) 19a-79-4a(c)(4)(D) Staffing, supervision - operator in compliance with this item at time of visit.

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: 12/12/2022

Signature: Karen Hicks  
(OEC Representative) Len Mangano

Signature: [Signature]  
(Person in Charge)  
Print Name: Gwendolyn B