

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: All Our Children Academy Date: 1/11/23 Time: 8:20

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: 22 # of Staff Present: 5+2

<b>Consent to Inspect Family Child Care Home</b>	<i>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 _____</i>
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Purpose of visit: Follow-up for CO monitoring on 10/17, 10/20, 11/17, 11/28

**Observations/Corrections needed:**

- (NS) 19a-79-10(c)(2) Under 3, ratios
  - (NS) 19a-79-10(c)(3) Under 3, group size
  - (NS) 19a-79-4a(c)(4)(D) Supervision
  - (NS) 19a-79-10(g) Sleep arrangements
- Regulatory items were in compliance with at this visit.

CO Monitoring follow-up:

- (NS) Item 14 - documentation of administrative duties observed.
- (S) Item 14b - documentation of administrator's hours was incomplete.

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: 1/25/23

Signature: Karen Hicks  
(OEC Representative)  
Print Name: Karen Hicks  
Signature: Escelena Harris  
(Person in Charge)  
Print Name: Escelena Harris