

Initial Unannounced Full/Partial Follow-up Location Change Investigation

Other Consent Order Monitor #2

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: All Our Children Academy, LLC Date: 5/4/26 Time: 8:57am
Location Address: 514 Orchard St, New Haven CT 06511 Telephone #: 203-401-4031
e-mail address: gdani2@icloud.com License #: 70457 Expiration Date: 10/31/26
Capacity: 40 # of Children Present: 11 # of Staff Present: 4

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: N/A

Purpose of visit: Consent Order Monitor #2 - CO effective 11/26/25

Observations/Corrections needed:

Condition #8a, 8b, 8c, & 8d - Completed at last consent order monitoring visit #1 on 2/4/26. (NS)

Condition #9a, 9b, & 9c - Completed at last consent order monitoring #1 visit on 2/4/26. (NS)

Condition #10a, 10b, 10c, + 10d - Last observation of a final visit was observed on 3/24/26. (NS)

Condition #11a + 11b - Completed at last consent order monitoring visit #1 on 2/4/26. (NS)

Condition #12 - Completed at last consent order monitoring visit #1 on 2/4/26 + as of today 5/4/26. (NS)

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: N/A

Signature: Rebecca La Rosa
(OEC Representative)
Print Name: Rebecca La Rosa
Signature: Gwendolyn Daniels
(Person in Charge)
Print Name: Gwendolyn Daniels