

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tamara Miller Date: 6/16/2023 Time: 2:15
Location Address: 29 Tilton Street, 1st Floor Telephone #: 209-497-9044
New Haven, Ct
e-mail address: littleroseplace@gmail.com License #: 56653 Expiration Date: 7/31/2023
Capacity: 6+3 # of Children Present: 3 # of Staff Present: 2

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 <u>Tamara Miller</u>
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Purpose of visit: Follow-up to obtain CAP

Observations/Corrections needed:

- Obtained written Corrective Action Plan
- #13 Provider's medical not available
- #23 Hazards - long extension wire dangling and light string dangling in back yard. Blinds in nap room broken.
- #46 Water Temperature tested reached 124.3°F.
- #53 Enrollment Forms - 2 of 3 reviewed - not available complete
- #69 Care Plan not available / signed by parent, staff and Provider
- #100 Written Authorization not signed by parent or provider

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: 6/30/2023

Signature: Donna B Zawerton
(OEC Representative)
Print Name: Donna B Zawerton
Signature: Tamara Miller
(Person in Charge)
Print Name: Tamara Miller