



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	TAMARA MILLER		License Number	DCFH.56653	Date of Inspection	07/02/2024
			Expiration Date	7/31/2027	Time of Inspection	12:11 PM
Address	29 TILTON ST FL 1		Telephone	(203) 497-9044	Regular Capacity	6
	NEW HAVEN	CT 06511-3542	Days and Hours	MON - FRI, 5:30 am - 10 pm 24 Hours Available	School Age Capacity	3
# Children Present	3	# Under 18 months present	2		Summer Care	Open
Purpose of Inspection	Follow up to confirm safe.		Name of Inspector	Linda Johnson Moylan		
Provider's Email	littlerosepalace@gmail.com		Inspector's Email	linda.moylan@ct.gov		

CONSENT TO INSPECT: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Tamara Miller

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-10(f)(1) and/or 19a-87b-10(f)(2)]	Description: 072-Infants Placed on Back for Sleeping
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Statute and/or Regulation: [19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	Description: 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
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Statute and/or Regulation: [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	Description: 074-Crib or other Provision Free from Observable Hazards
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Statute and/or Regulation: [19a-87b-10(f)(5)]	Description: 075-Infants Not Swaddled
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

(This area is intentionally left blank for handwritten notes.)

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Linda Johnson Moylan (Printed Name)	 (Printed Name)		TAMARA MILLER (Printed Name)