

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Program Name:	Auntie Rose Child Care Development Center II	Date of Inspection:	5-20-25	Time of Arrival:	9:48
Address:	132 Grand Ave	License Number:	pending	Expiration Date:	
Town:	New Haven, CT 06513	Telephone Number:	203-684-8026	Summer Care:	open
Operator:	Auntie Rose Child Care Development Center II	# of Staff Present:	2	# over 3 Present:	
Email:	auntierosececcdez@hotmail.com	Total Capacity:		Total Under 3 capacity:	
Designated Director:	Rosa Bermudez	Hours/Days of Operation:	M-F 7a-5:30pm		

Instruction Codes: √ = Regulation in Compliance O = Regulation not in Compliance N/A = Not applicable at this time

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 6/24/24

ADMINISTRATION 19a-79-3a

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. POLICIES-COMplete/IMPLEMENTED
 - (d)(2)(A) Discipline policy
 - (d)(2)(B)(C) Child Protection policy
 - (d)(3) Closing time policy
 - (d)(4)(A) Medical emergency policy
 - (d)(4)(B) Multi-Hazards policy-annual drill
 - (d)(5) Supervision policy
 - (d)(6) General Operating policies
 - (d)(6)(C) Administrative Oversight policy
 - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. ACCESS
 - (f) Immediate access by parents
 - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds in prek-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
 - 3a(e)(1) License posted
 - 3a(e)(2) OEC Complaint Procedure posted
 - 3a(d)(6)(C) Administrative Oversight policy
 - 3a(e)(3) Menus posted
 - 3a(e)(4) No Smoking posted signs at entrances
 - 3a(e)(5) OEC Inspection report posted or available
 - 3a(e)(6) Dev. Milestones posted
 - 7a(e)(17) Radon Test posted (Schls-N/A)
 - 10((g)(8) Safe Sleep policy posted

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance with bknd cks/history
- 23. (d) Adequate staffing
- 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. RATIOS
 - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - (d)(4)(B) Mixed age group
 - (d)(6) Nap time ratio
 - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. GROUP SIZE
 - (d)(5) Group Size-Indoors/Outdoors
 - (d)(5)(A) Group Size-school age field trips/outdoors
 - (d)(5)(B) Mixed age group-group size
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. PROFESSIONAL DEVELOPMENT
 - (a)(2) Documentation of prof. dev/trainings
 - (h)(1) Health & Safety training
 - (h)(2) 1% annual hours
- 33. SWIMMING ACTIVITIES - Y/N
 - (4)(C)(ii-v) Swimming-Ratios
 - (4)(C)(i) Non-swimmers identified
 - (e)(6) CPR certified staff-age 20 or older
 - (e)(6) Lifeguard-certified-supervising
- 34. CONSULTANTS
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - (i) - Consultant agreements-signed annually-agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health
- 35. (H)(i)-(I)(i)

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	✓	✓	✓

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Auntie Rose Child Care Development Center II	LICENSE NUMBER	pending	DATE OF INSPECTION	
PHYSICAL PLANT 19a-79-7a cont.			UNDER THREE ENDORSEMENT 19a-79-10 cont.		
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	128.	<input type="checkbox"/> (e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	NA	<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE		<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input type="checkbox"/> (e)(6-9)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried	<input type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	LINENS/CLOTHING
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input type="checkbox"/> (f)(2)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input type="checkbox"/> (f)(3)	Linens washed weekly or as needed
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<input type="checkbox"/> 130.	<input type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCED		<input type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input type="checkbox"/> (g)(1)	SAFE SLEEP
	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft		<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks		<input type="checkbox"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)		<input type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/> 114.		WATER HAZARDS		<input type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)		<input type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited		<input type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)		<input type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
EDUCATIONAL REQUIREMENTS 19a-79-8a				<input type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents	<input type="checkbox"/> 131.	<input type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS		<input type="checkbox"/> (h)(1)	Safe sleep policies - parents informed
	<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors		<input type="checkbox"/> (h)(2)	TOYS AND OTHER OBJECTS
	<input checked="" type="checkbox"/> (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	<input type="checkbox"/> 135.	<input type="checkbox"/> (h)(2)	Infant toys-separate/washed/sanitized daily
			<input type="checkbox"/> 136.	<input type="checkbox"/> (i)(1)(2A-C)	Toddler toys-washed/sanitized weekly
				<input type="checkbox"/> (j)	No toys/objects less than 1 1/4 " diameter
				<input type="checkbox"/> (k)(1)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
				<input type="checkbox"/> (k)(2)	Health consultant visits/documentation
				<input type="checkbox"/> (k)(3)	FEEDING
				<input type="checkbox"/> (k)(4)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
				<input type="checkbox"/> (k)(5)	Written feeding schedule from parent-updated
			<input type="checkbox"/> 137.	<input type="checkbox"/> (l)(1)	Unused formula/milk discarded after feedings
				<input type="checkbox"/> (l)(2)	Clean bottles/disposable bottles/appvd washing
				<input type="checkbox"/> (l)(3)	Baby food served from dish or whole jar
			<input type="checkbox"/> 138.		Bottles labeled with child's name
					Outdoor spaced fenced-4 ft (lic. after 1/1/25)
			<input type="checkbox"/> 139.		Outdoor equipment-developmentally appropriate for ages of the children
					Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
UNDER THREE ENDORSEMENT 19a-79-10 Y/N			SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N		
<input type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input type="checkbox"/> 141.	<input type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
<input type="checkbox"/> 119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)	NA	<input type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule- available to staff/parents
<input type="checkbox"/> 120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors		<input type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep		<input type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC			Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/> 123.	(d)(2)(B)	Washable cots			Ratio- 1:15
<input type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray			Group size- max. 30
<input type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input type="checkbox"/> 143.	(d)	
<input type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities	<input type="checkbox"/> 144.	(e)	
<input type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			
<input type="checkbox"/> 128.		DIAPERING			
	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Authentic Rose Child Care Development Center	LICENSE NUMBER	pending	DATE OF INSPECTION	5-20-25
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
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36.	(a)(1)(A-C)	Children's Enrollment information	71.	(d)(1)	Emergency vehicle access
37.		PARENT PERMISSIONS	72.	(d)(2)	Walkways maintained
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	74.	(d)(3)	Window screens
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	75.	(d)(4)	Glass/mirrors protected- 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
38.	(a)(2)(A-B)	Child Health Records	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
39.	(a)(2)(C)	Immunization records	78.	(d)(7)	Individual storage of clothing and bedding
40.	(a)(2)(E)	Individual care plan-signed by parents/staff	79.		SMOKING
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
42.	(a)(3)(B)	Parent notification of illness or injury		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
44.	(a)(3)(D)	Notify DPH, local health-reportable diseases		<input checked="" type="checkbox"/> 82.	TOILETING
45.	(a)(4)	Video recordings- keep 30 days		<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan

HEALTH and SAFETY 19a-79-6a

46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	83.	(d)(11)	Staff personal articles inaccessible
47.	(a)(2)	Nutritious meals and snacks	84.	(e)(1)	AIR TEMPERATURE
48.	(a)(3)	Proper refrigeration-41 degrees		<input checked="" type="checkbox"/> (e)(2)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
49.	(a)(4)	Menus-1 wk in advance- keep 3 mths		<input checked="" type="checkbox"/> (e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
50.	(a)(5)	Food Service Inspection (N/A)	86.	(e)(4)	Water temperature 60°F-120°F
51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)	87.	(e)(5)	Portable space heaters prohibited
52.	(a)(7)	Separate hand washing facilities	88.	<input checked="" type="checkbox"/> (e)(5)	WALLS/CEILINGS/FLOORS/RUGS
53.	(a)(8)	Multi-use eating/drinking utensils		<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
54.	(a)(9)	Kitchen separated (N/A)	90.	(e)(6)	Rugs- not a tripping/slipping hazard
55.	(a)(10)	Children supervised during meal prep	91.	(e)(7)	Hot water/Steam pipes protected
56.	(a)(11)	Handwashing-staff/children		<input type="checkbox"/> (e)(7)	TELEPHONE/TELEPHONE NUMBERS
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	94.	<input type="checkbox"/> (e)(7)	Working phone on each level
58.	(b)(2)	Designated isolation area		<input type="checkbox"/> (e)(8)	Emergency numbers posted-adjacent to phones
59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips		<input type="checkbox"/> (e)(9)	Parents provided direct on site phone number
	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier		<input type="checkbox"/> (e)(9)	LIGHTING
	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)		<input type="checkbox"/> (e)(10)	All areas min. 1 foot candle of lighting

PHYSICAL PLANT 19a-79-7a

62.	(a)(2)	Fire marshal codes/certificate <u>6-28-24</u>	95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
63.	(b)	Indoor/Outdoor space inspected/approved	96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	97.	(e)(12)	Stairs-protected/good repair-handrails
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	98.	(e)(13)	Toxic plants/materials inaccessible
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)	100.	(e)(16)	Measures to prevent vermin
68.	(c)(4)	Testing of premises/grounds for chemicals	101.	(e)(17)	Radon test- Results: _____ (Schls-N/A)
69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)	102.	(e)(18)	Carbon monoxide detector-each level N/A
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>7-17-25</u>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
70.	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Building Pre-78: <input checked="" type="checkbox"/> N Lead Test: <input checked="" type="checkbox"/> N Results <u>no lead</u>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan <u>na</u>	106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
	<input checked="" type="checkbox"/>	Peeling Paint - <input checked="" type="checkbox"/> Inside/Outside	107.	(g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3 of 4

PROGRAM NAME	Auntie Rose Child Care Development Center II	LICENSE NUMBER	pending	DATE OF INSPECTION	5-20-25
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SCHOOL AGE ENDORSEMENT 19a-79-11	MONITORING OF DIABETES 19a-79-13	<input checked="" type="checkbox"/> N
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<input type="checkbox"/> 140. (b) Approved Schl Age Endorsement SCHEDULE - ACTIVITIES	<input checked="" type="checkbox"/> 171. (a)(1) Written policies and procedures STAFF TRAINING
<input type="checkbox"/> 141. (c) Written daily program plan-flexible schedule- available to staff/parents	<input checked="" type="checkbox"/> 172. (b)(1)(A) Staff training – first aid
NA (c)(1) Activities not a duplication of child’s day	<input checked="" type="checkbox"/> (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
(c)(2) Activities include cognitive, physical, social, emotional needs of the children	(i)-(iii) Training updated at least every 3 years
(c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	<input checked="" type="checkbox"/> (b)(2) Written documentation of training
<input type="checkbox"/> 143. (d) Ratio- 1:15	<input checked="" type="checkbox"/> (b)(3) Trained staff on site when child is present
<input type="checkbox"/> 144. (e) Group size- max. 30	<input checked="" type="checkbox"/> (c)(2) Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> (c)(3) Equipment provided by parents
<input type="checkbox"/> 146. (g) Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 174. (d)(1) Equipment labeled and inaccessible
	<input checked="" type="checkbox"/> 175. (d)(2) Signed agreement with parent regarding equipment, supplies, materials to be discarded
	<input checked="" type="checkbox"/> 176. (d)(3) Authorized prescriber written order
	<input checked="" type="checkbox"/> 177. (e)(1) Written authorization from parent
	<input checked="" type="checkbox"/> 178. (e)(2) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
	<input checked="" type="checkbox"/> 179. (e)(3)

ADMINISTRATION OF MEDICATIONS 19a-79-9a	<input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/> 157. (9a) Written medication policies/procedures	
<input checked="" type="checkbox"/> 158. (9a) Permit enrollment of children with asthma, allergies, diabetes	
<input checked="" type="checkbox"/> 159. (a)(2) Admin/Parent permission/report errors	
(a)(3)(A-B) Labeling and Storage	
(a)(3)(C) Unused/expired meds destroyed/returned	
<input checked="" type="checkbox"/> 160. (b)(1)(A/C) Medication training-general-oral/top/inhalant	
(b)(1)(D) Injectable premeasured autoinjector medication	
(b)(1)(E) Rectal medication	
(b)(1)(F) Injectable other than premeasured auto-injector	
(b)(2)(A-B) Training approval documents/certificates	
(b)(2)(C) Training outline on file	
<input checked="" type="checkbox"/> 161. (b)(3)(A-B) Authorized prescriber/parent permission	
<input checked="" type="checkbox"/> 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification	
<input checked="" type="checkbox"/> 163. (b)(4)(A-B) Medication Administration Records (MAR)	
<input checked="" type="checkbox"/> 164. (b)(5)(A-B) Labeling and Storage	
<input checked="" type="checkbox"/> 165. (b)(5)(C) Emergency medication inaccessible	
<input checked="" type="checkbox"/> 166. (b)(5)(D) Unused/Expired meds-destroyed/returned	
<input checked="" type="checkbox"/> 167. (b)(5)(E) Auto-injector/inhalant equipment	
<input checked="" type="checkbox"/> 168. (b)(6) Self-administration documentation	
<input checked="" type="checkbox"/> 169. (b)(7)(A-B) Petition for special medication authorization	
<input type="checkbox"/> 170. (d) Potassium Iodide (KI) emergency distribution–permission and storage (N/A)	

ADDITIONAL VIOLATION		
<input checked="" type="checkbox"/> 180. NA	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

Capacity will be 32, 3-5 year old

-reviewed new regulations

- all items checked were discussed or observed

Signature of OEC staff	Gen Schuk / Kenny Ferreira	Signature of person in charge	Sabrina Meran
Printed Name	Gen Schuk / Kenny Ferreira	Printed Name	Sabrina Meran

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request.	Written Corrective Action Plan Due by: <i>prior to licensure</i>	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Auntie Rose Child Care Development Center II License # pending Date: 5-20-25

Observations/Corrections needed:

#11 (C)(4)(B) regulation not in compliance when program did not have a multi-hazard plan available for review. Completed program policy review, left checklist with operator.

Update admission policy to include ages for this location
update contents of breakfast,

update monitoring of diabetes policy,

update shared bathroom policy to include supervision and maintaining ratios

update shared playground policy to include

shared space with licensed program at 126, scheduling to allow for all children at both locations to get daily outside time.

Program/operator to submit Radm test results between 1/1/25 - 4/30/26 - operator provided written statement.

Program is sharing outdoor space/playgrounds with sister site on adjacent property.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature:

Jen Schultz
(OEC Representative)

Print Name:

Jen Schultz / Benny Ferrara

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:

J M
(Person in Charge)

OEC BY:

prior to licensure

Print Name:

Jakaira Meran

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Auntie Rose Child Care Development Center II License # pending Date: 5.20.25
Observations/Corrections needed:

Program will be licensed for 32 children ages 3-5 yrs.

program has 2 toilets and 3 sinks Toilets/bathrooms will be shared by staff and children

total capacity will be 32 children 3-5

square footage report provided

Policy review checklist provided - submit updated policies to OEC.

floor plan with capacities

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jen Schuck
(OEC Representative)
Print Name: Jen Schuck / Benny Ferrara

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: prior to licensure

Signature: Y M
(Person in Charge)
Print Name: Yakaira Meran