

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tamara Miller Date: 5/27/25 Time: 10:30am
Location Address: 29 Tilton St Fl 1 New Haven, Ct. 06511 Telephone #: (203) 497-9044
e-mail address: littlerosepalace@gmail.com License #: 86653 Expiration Date: 7-31-27
Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

**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*

Purpose of visit: Complaint Investigation

Observations/Corrections needed:

NS= 19a-87b-6 (e) - Insufficient evidence to substantiate provider
didn't use good judgement about supervision and safety for
children

NS= 19a-87b-7 (b) No evidence to substantiate evidence of violence
threatening behavior

S= 19a-87b-9 (b) observed chair with coils exposed in poor
repair that child was sitting on, observed peeling paint
on front porch floor and rails, interior window ledge and
kitchen wall. Samples taken

P= 19a-87b-9 (c) Absence of potentially harmful substances and
materials. Paint samples results pending to determine.

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: 6/10/25

Signature: [Signature]
(OEC Representative)
Print Name: Jenni K Roberts
Signature: [Signature]
(Person in Charge)
Print Name: Tamara Miller

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tamara Muller License # 56653 Date: 5/27/25

Observations/Corrections needed:

S = (9a-87b-9 (f)(1)) Provider reported she doesn't use backyard for outdoor play space and uses an alternate outdoor space but does not have a written plan that ensures the safe transportation of children to and from this alternate space

Provider reports she does not live at this address, she rents it for child care.

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: J. Roberts
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Tamara Muller
(Person in Charge)

OEC BY: 6-10-25