

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Authic Rose Child Care Development Center Date: 7/7/25 Time: 11:07

Location Address: 126 Grand Ave New Haven Telephone #: 475-444-9134

e-mail address: director@authicrosechildcare.com License #: 70456 Expiration Date: 10-31-26

Capacity: 61/24 # of Children Present: 13/18 # of Staff Present: 8+

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 _____
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Purpose of visit: Follow-up to Inspection dated 5-15-25

Observations/Corrections needed:

(NS) #121 Adequate sinks - Operator added a sink to the infants 2 classroom, allowing 1 staff in room, Operator does not need to overstaff by 1, when sink is approved. During visit observed multiple staff in classroom.

(NS) #130 (g)(1) safe sleep - observed all cribs in infant room to have snug fitting sheets.

S #10 Notification of Change - program added hand wash sink to infant 2 without submitting a notification of change to OEC and obtaining local approvals. OEC will inspect when final approvals obtained. Fire marshal gave final approval during inspection.

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: -7/21/25 (prior to approval)

Signature: Gen Schuck  
(OEC Representative)  
Print Name: Gen Schuck  
Signature: Ingrid Rodriguez  
(Person in Charge)  
Print Name: Ingrid Rodriguez