

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Auntie Rose Child Care Development Center Date: 8-29-25 Time: 12:20

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

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

Capacity: 53 # of Children Present: 27 # of Staff Present: 9

**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: Partial Inspection - Safe sleep

Observations/Corrections needed:

NS #130 (p 11) Safe sleep, snug fitting sheets: observed 3 cribs with snug fitting sheets for all infants OK

S - (g) 4 observed 1 infant sleeping in an infant seat, not bed or crib intended for sleep

**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: 9-11-25

Signature: Jennifer Schuck  
(OEC Representative)

Print Name: Jen Schuck

Signature: Ingrid Rodriguez  
(Person in Charge)

Print Name: Ingrid Rodriguez