

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tamara Miller Date: 9/19/25 Time: 12:50 PM
Location Address: 29 Tilton St Fl 1 New Haven, Ct. 06511 Telephone #: (203) 497-9044
e-mail address: little.rose.palace@gmail.com License #: 56653 Expiration Date: 7.31.27
Capacity: 6+3 # of Children Present: 1 # of Staff Present: 2

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature: Jamara Miller

Purpose of visit: Follow Up

Observations/Corrections needed:

Previous item pending is now not substantiated as paint sample results were within limits.

NS= 19a-87b-9 (c) ^{Harmful (TR)} Hazardous materials and substances accessible

S= 19a-87b-9 (b) ^(TR) ~~(A)(1)~~ - Outdoor backyard/play space contained the following as observed: protruding nail at walkway rail, cigarette butts throughout ground, broken glass throughout ground, rusty grill all accessible to children

S= 19a-87b-9 (b) (cont) Playground gate leading to driveway broken and doesn't close

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: 10.3.25

Signature: [Signature]
Print Name: Jern K Roberts (OEC Representative)
Signature: Jamara Miller
Print Name: _____ (Person in Charge)