



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 Email: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	OMALYS SOSA				License Number	DCFH.56490	Date of Inspection	10/02/2025
					Expiration Date	6/30/2026	Time of Inspection	01:50 PM
Address	348 MUNSON ST NEW HAVEN CT 06511-3343				Telephone	(475) 300-7689	Regular Capacity	6
					Hours of Operation	7:00 AM – 10:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	2	Weekend Hours	No
					Total children present	4	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Alexandra Rodriguez		
Provider's Email	littleroosterlearning@gmail.com				Inspector's Email	alexandra.rodriguez@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><u>Consent to Inspect:</u> I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).</p> <p style="text-align: right;"><i>Omalys Sosa</i>                  _____                  Signature of Provider/Substitute/Applicant</p>							

**TERMS OF REGISTRATION 19a-87b-5**

X	4. Capacity	
X	5. Non-transferability of license	Pending?
X	6. Infant/Toddler Restriction	
X	7. License Posted	
X	8. Parent Access to OEC Phone Number	
X	9. Photo ID	
X	10. Requests for Information	
X	11. Notification of Change	

**QUALIFICATION OF PROVIDER 19a-87b-6**

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	04/28/2028
X	14. First Aid Certificate	
	Expiration date:	06/13/2026

<b>X</b>	<b>15. CPR Certificate</b>	
	Expiration date:	
	06/13/2026	
<b>X</b>	<b>16. Judgment</b>	

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

<b>X</b>	<b>17. Medical Statement</b>	
<b>X</b>	<b>18. Household Environment</b>	

**QUALIFICATIONS OF STAFF 19a-87b-8**

<b>X</b>	<b>19. Sub/Assistant</b>	Y/N	<b>Name:</b> <b>Analys Torres</b>	<b>Appvl #</b> <b>91802</b>
	Type of Staff:	<b>Y</b>		
	Substitute			
<b>X</b>	<b>20. Emergency Caregiver</b>			

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

<b>X</b>	<b>21. Background Check(s)</b>	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	<b>22. Clean/Sanitary Environment</b>		
<b>X</b>	<b>23. Freedom of Hazards</b>		
<b>X</b>	<b>24. Harmful Substances/Materials Inaccessible</b>		
<b>X</b>	<b>25. Bio-contaminants Disposed Safely</b>		
<b>X</b>	<b>26. Safe Storage of Flammables</b>		
<b>X</b>	<b>27. Safe Door Fasteners</b>		
<b>X</b>	<b>28. Electrical Safety</b>		
<b>X</b>	<b>29. Safe Exits</b>		
<b>X</b>	<b>30. Basement Supervision</b>	Y/N	<b>Basement is approved to be utilized only for nap time and inclement weather days.</b>
		<b>Y</b>	
	<b>Used for Care ?</b>	Y/N	
<b>X</b>	<b>31. Stairways - Protected, Handrails</b>		
<b>X</b>	<b>32. Emergency Plan</b>		

<b>X</b>	<b>33. Emergency Evacuation Drills - Quarterly/Log</b>		
<b>X</b>	<b>34. Smoke Detectors</b>		
<b>X</b>	<b>35. Carbon Monoxide Detector</b>		
<b>X</b>	<b>36. Fire Extinguisher- 5 lb. ABC/Installed</b>		
<b>X</b>	<b>37. Auxiliary Heating System N</b>	Appvd?	
	Type?		
<b>X</b>	<b>38. Safe Storage of Weapons and Ammunition</b>		
<b>X</b>	<b>39. Safe Space-Sufficient</b>		
	<b>Indoors</b>	<b>Outdoors</b>	
	Y	Y	
<b>X</b>	<b>40. Body of Water-Type:</b>	Y/N	
	Barrier?	N	
<b>X</b>	<b>41. Hot Tubs-Locked - Inaccessible</b>	Y/N	
		N	
<b>X</b>	<b>42. Ventilation, Light and Temperature- 65°</b>		
<b>X</b>	<b>43. Window Safety</b>		
<b>X</b>	<b>44. Washing Toileting, Sewage Garbage Facilities</b>		
<b>X</b>	<b>45. Adequate and Safe Water -</b>		
	Type of System:		
	Public Water		
<b>X</b>	<b>46. Water Temperature- 60°-120°</b>		
<b>X</b>	<b>47. Pasteurization of Milk Supply</b>		
<b>X</b>	<b>48. Working Phone, Emergency Numbers Posted</b>		
<b>X</b>	<b>49. Safe Transportation Registered, Insured, Restraints</b>		
<b>X</b>	<b>50. First Aid supplies</b>		
<b>X</b>	<b>51. Pet protection</b>	Type: One dog	
	Pets?	Y	
	Rabies Certs?	Y	
<b>X</b>	<b>52. Smoking Prohibited</b>		

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<b>X</b>	<b>53. Enrollment Form</b>	
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<b>X</b>	54. Child Health Record	
<b>X</b>	55. Immunizations	
<b>X</b>	56. Emergency Permission	
<b>X</b>	57. Authorized Release	
<b>X</b>	58. Field Trip and Transportation Permission-To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
<b>X</b>	61. Confidentiality	
<b>X</b>	62. Meeting the Child's Needs	
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition- Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<b>X</b>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<b>X</b>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<b>X</b>	72. Infants Placed on Back for Sleeping	
<b>X</b>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

<b>O</b>	<b>74. Crib or Other Provision Free from Observable Hazards</b>	<b>Provider not in compliance with ensuring no items are placed with an infant in a crib. Observed a toy, pacifier with lanyard, a small blanket attached to plush toy inside of a crib where 6 month old was sleeping.</b>
<b>X</b>	<b>75. Infants not Swaddled</b>	
<b>X</b>	<b>76. Infants Supervised – minimum every 15 minutes</b>	
<b>X</b>	<b>77. Req. for Sleep Arrangements Posted/Discussed</b>	
<b>X</b>	<b>78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal</b>	
<b>X</b>	<b>79. Parent Information and Access</b>	
<b>X</b>	<b>80. Developmental Milestones – Posted</b>	
<b>X</b>	<b>81. Supervision- at all Times, Indoors, Outdoors</b>	
<b>X</b>	<b>82. Personal Schedule- Alert, Competent Attention</b>	
<b>X</b>	<b>83. Full Attention - Distractions, Employment, Socialization</b>	
<b>X</b>	<b>84. Immediate Attention</b>	
<b>X</b>	<b>85. Substitute – Emergency Caregiver Present</b>	
<b>X</b>	<b>86. Appr. Discipline, Behavior Management</b>	
<b>X</b>	<b>87. Discuss Beh. Management Methods w/Staff and Parents</b>	
<b>X</b>	<b>88. Child Protection- Abuse/Neglect</b>	
<b>X</b>	<b>89. Notify OEC within 24 hrs. - Death or Serious Injury</b>	
<b>X</b>	<b>90. Mandated Reporting Abuse or Neglect to DCF</b>	

**SICK CHILD CARE 19a-87b-11**

<b>X</b>	<b>91. Sick Child Care</b>	
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**NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N**

<b>X</b>	<b>92. Separate Bed- Location of Bed - Appropriate Sleepwear</b>	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
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<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
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<b>X</b>	96. Notification - Documentation of Med Error(s)	
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<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
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<b>X</b>	98. Unused - Expired Nonprescription Meds	
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<b>X</b>	99. Documented Medication Trained Staff	
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<b>X</b>	100. Written Auth Prescriber/Parent Permission	
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<b>X</b>	101. MAR Maintained	
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<b>X</b>	102. Prescription Meds - Stored/Labeled	
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<b>X</b>	103. Unused/Expired Prescription Meds	
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<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
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<b>X</b>	105. Self-Admin. Of Meds	
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<b>X</b>	106. Petition for Special Medication Authorization	
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**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
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<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
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<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
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<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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<b>X</b>	112. Finger Stick Blood Glucose Testing Records	
<b>X</b>	113. Parent Notification of Test Results	

**ADDITIONAL VIOLATIONS**

	114. Consent Order - Negotiated Corrective Action Plan	N/A?
		<b>X</b>




WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	1 out of 109
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**DISCUSSIONS/COMMENTS**

Discussed the following:  
 - reviewed safe sleep regulations with provider.  
 - Provider understands that if children are playing in basement area gate must be installed at the bottom of the stairs.  
 - Provider understands that if children are playing outside gate must be installed at the bottom of stairway. No children were observed playing in basement or outside during inspection.

**IMPORTANT NOTES**

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- Only the regulations marked as compliant or non-compliant were monitored or discussed.
- **APPLICANTS** – You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
<b>Alexandra Rodriguez</b> (Printed Name)	<b>Amanda Hammons</b> (Printed Name)	<b>10/16/2025</b>	<b>OMALYS SOSA</b> (Printed Name)