

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: 10.2.25 Time: 10:35

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: 19 # of Staff Present: 8

**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: Follow up for safe sleep

Observations/Corrections needed:

NS #130(g)(4) - safe sleep: bed or crib intended for sleep
observed all infants, who were sleeping to be in
a crib. 10K

If operator wants to provide school age care you shall
submit notification of change indicating room usage
and capacity requested. Room must have age/developmentally
appropriate furniture, toys and equipment

Current capacity is 53 under 3 yrs.

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: _____

Signature: Jennifer Lane
(OEC Representative)

Print Name: Jen Schultz

Signature: Ingrid Rodriguez
(Person in Charge)

Print Name: Ingrid Rodriguez