

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rosario Ucanan Date: 1/11/24
~~12/21/23~~ Time: 10:40am

Location Address: 157 Beech St., W. Hgt 06704 Telephone #: 203519 1242

e-mail address: rosario.ucanan@hotmail.com License #: 57026 Expiration Date: 3/31/26

Capacity: 6+3 # of Children Present: 5 # 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 Rosario Ucanan

Purpose of visit: Safe Sleep → Crib Replacement

Observations/Corrections needed:

19a-87b-10B
73) Observed one crib in daycare with
manufacturer date of 2010.

Discussed with provider the importance of always
checking the manufacturer date of any future cribs
purchased. Provider needs to ensure cribs were
manufactured after July 2011.

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: 1/25/24

Signature: Rosario Ucanan
(OEC Representative)
Print Name: Rosario Ucanan

Signature: Alexandra Rodriguez
(Person in Charge)
Print Name: Alexandra Rodriguez