



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ROSARIO UCANAN			License Number	DCFH.57026	Date of Inspection	02/05/2024
				Expiration Date	3/31/2026	Time of Inspection	01:59 PM
Address	157 BEECH ST FL 1 WATERBURY CT 06704-3836			Telephone	(203) 519-1242	Regular Capacity	6
				Days and Hours	MONDAY- Friday 6:00 am - 9pm	School Age Capacity	3
# Children Present	2	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up, safe, sleep, Crib safety			Name of Inspector	Alexandra Rodriguez		
Provider's Email	rosario.ucanan@hotmail.com			Inspector's Email	alexandra.rodriguez@ct.gov		

CONSENT TO INSPECT: 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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments

--	--	--

Other Findings-In Compliance		
-------------------------------------	--	--

Statute and/or Regulation	Description	Comments

--	--	--




YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
-------------------	---

Discussions:

No violations at time of inspection. Provider is in compliance with all safe sleep requirements.

Comments:

NOTE: Items left blank on this form were not monitored during this visit.
 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 Person in Charge)
Alexandra Rodriguez (Printed Name)			ROSARIO UCANAN (Printed Name)