



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	ANA M CORAQUILLO ESPINOZA				<b>License Number</b>	DCFH.58026	<b>Date of Inspection</b>	09/24/2025
					<b>Expiration Date</b>	7/31/2028	<b>Time of Inspection</b>	01:54 PM
<b>Address</b>	37 MAPLETON ST HARTFORD CT 06114-2333				<b>Telephone</b>	(201) 877-2512	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:30 AM – 6:00 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	3	<b>Weekend Hours</b>	No
					<b>Total children present</b>	4	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Monitoring Safe Sleep				<b>Inspector's Name</b>	Silvana Carreon Zegarra		
<b>Provider's Email</b>	ukikidsdaycare@gmail.com				<b>Inspector's Email</b>	silvana.carreon-zegarra@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*

**REGULATORY VIOLATIONS**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-5(f)(2)]	<b>Description:</b> 007-License Posted
<b>Statute and/or Regulation:</b> [19a-87b-10(c)(5)]	<b>Description:</b> 068-Proper Rest Provisions/Safe Cribs

Statute and/or Regulation: [19a-87b-10(e)]	Description: 071-Infant Care: Individual Attention/Held for Bottle Feedings
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Statute and/or Regulation: [19a-87b-10(f)(1) and/or 19a-87b-10(f)(2)]	Description: 072-Infants Placed on Back for Sleeping
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Statute and/or Regulation: [19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	Description: 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
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Statute and/or Regulation: [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	Description: 074-Crib or other Provision Free from Observable Hazards
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WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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**DISCUSSIONS/COMMENTS**

During the visit, no violations were found. The provider submitted a Notification of Change form to add of a room for napping. Today, the room was inspected and approved for nap time. The room features one door and three emergency windows measuring 21 inches by 25inches.

**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.
- 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. Providers are required by statutes and regulations to be in compliance at all times.
- **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/Substitute/Applicant)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)		ANA M CORAQUILLO ESPINOZA (Printed Name)