



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: occlicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	MARIA E ROMERO				License Number	DCFH.54660	Date of Inspection	12/03/2025
					Expiration Date	12/31/2025	Time of Inspection	11:26 AM
Address	58 NEWTON ST FL 1 MERIDEN CT 06450-4415				Telephone	(203) 514-9792	Regular Capacity	6
					Hours of Operation	5:00 AM - VARIES	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	1	Weekend Hours	No
					Total children present	4	Night Hours	Yes
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Melina Perez		
Provider's Email	mmromero1965@gmail.com				Inspector's Email	melina.perez@ct.gov		

Key:
 Compliant = X
 Non-Compliant = O

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).

Maria E Romero

Signature of Provider/Substitute/Applicant

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:	11/22/2027
X	14. First Aid Certificate	
	Expiration date:	11/09/2026

X	15. CPR Certificate	
	Expiration date:	
	11/09/2026	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. Medical Statement	
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Sub/Assistant	Y/N	Name: Manuel Romero	Appvl #	DCFS.91449
	Type of Staff:	Y			
	Substitute				
X	20. Emergency Caregiver				

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

O	21. Background Check(s)	Provider not in compliance with ensuring comprehensive background check(s) have been conducted when criminal background check for 1 household member was observed to be expired.
----------	-------------------------	--

PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment		
X	23. Freedom of Hazards		
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
X	28. Electrical Safety		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

<input checked="" type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Provider not in compliance with maintaining a written log of the drills for one year when one was not observed and provider confirmed she was unable to locate her written log.	
<input checked="" type="radio"/>	34. Smoke Detectors		
<input checked="" type="radio"/>	35. Carbon Monoxide Detector		
<input checked="" type="radio"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="radio"/>	37. Auxiliary Heating System N Type?	Appvd?	
<input checked="" type="radio"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="radio"/>	39. Safe Space- Sufficient		
	Indoors	Y	
	Outdoors	Y	
<input checked="" type="radio"/>	40. Body of Water- Type: Above Ground	Y/N	
	Barrier?	Y	
<input checked="" type="radio"/>	41. Hot Tubs- Locked - Inaccessible	Y/N	
		N	
<input checked="" type="radio"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="radio"/>	43. Window Safety		
<input checked="" type="radio"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="radio"/>	45. Adequate and Safe Water - Type of System:		
	Public Water		
<input checked="" type="radio"/>	46. Water Temperature- 60°-120°		
<input checked="" type="radio"/>	47. Pasteurization of Milk Supply		
<input checked="" type="radio"/>	48. Working Phone, Emergency Numbers Posted	Provider not in compliance with ensuring emergency numbers posted in an area where child care services are provided when the emergency numbers were not observed by specialist; provider confirmed she was unable to locate the written emergency numbers.	
<input checked="" type="radio"/>	49. Safe Transportation Registered, Insured, Restraints		
<input checked="" type="radio"/>	50. First Aid supplies		
<input checked="" type="radio"/>	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?		
<input checked="" type="radio"/>	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

<input checked="" type="radio"/>	53. Enrollment Form		
----------------------------------	---------------------	--	--

<input type="radio"/>	54. Child Health Record	Provider not in compliance with maintaining current child health record(s) for 2 enrolled children when their physicals were observed to be expired.. Provider also not in compliance with maintaining child health record(s) for 1 enrolled child when a physical was not observed in their file.
<input type="radio"/>	55. Immunizations	Provider not in compliance with maintaining current immunization record(s) for 2 enrolled children when proof of flu vaccine was observed to be missing from their files.
<input type="radio"/>	56. Emergency Permission	Provider not in compliance with maintaining written parent permission for emergency medical care for 1 enrolled child when written parent permission was not observed to have been completed by the parent.
<input type="radio"/>	57. Authorized Release	Provider not in compliance with maintaining written parent permission to authorize removal of child(ren) for 2 enrolled children when written parent permission was not observed to have been completed by the parent.
<input checked="" type="checkbox"/>	58. Field Trip and Transportation Permission- To/From School	
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition- Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="checkbox"/>	68. Proper Rest Provisions – Safe Cribs	
<input checked="" type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="checkbox"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision- at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	

SICK CHILD CARE 19a-87b-11

X	91. Sick Child Care	
----------	---------------------	--

NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
----------	---	--

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. Access- Immediate, Entire or Part of Facility and Records	
----------	--	--

ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y

X	94. Policies and Procedures for Admin of Meds	
----------	---	--

X	95. Parent Permission for Nonprescription Topical Meds	
----------	---	--

X	96. Notification - Documentation of Med Error(s)	
----------	--	--

X	97. Nonprescription Topical Meds- Stored/Labeled	
----------	---	--

X	98. Unused - Expired Nonprescription Meds	
----------	--	--

X	99. Documented Medication Trained Staff	
----------	---	--

X	100. Written Auth Prescriber/Parent Permission	
----------	--	--

X	101. MAR Maintained	
----------	------------------------	--

X	102. Prescription Meds - Stored/Labeled	
----------	---	--

X	103. Unused/Expired Prescription Meds	
----------	---	--

X	104. Emergency Meds- Equip. Labeled/Current	
----------	---	--

X	105. Self-Admin. Of Meds	
----------	-----------------------------	--

X	106. Petition for Special Medication Authorization	
----------	---	--

MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N

X	108. Policies for Finger Stick Blood Glucose Testing	
----------	--	--

X	109. Finger Stick Blood Glucose Testing - Staff Trained	
----------	--	--

X	110. Self Admin of Finger Stick Blood Glucose Testing	
----------	---	--

X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
----------	--	--

X	112. Finger Stick Blood Glucose Testing Records	
X	113. Parent Notification of Test Results	

ADDITIONAL VIOLATIONS

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



WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	7 out of 109
--	------------	--	---------------------

DISCUSSIONS/COMMENTS

-Have parents/guardians review enrollment/written permissions annually for any changes -Reminder: Flu vaccines for upcoming flu season needed by 12/31/2025 -CPR/First Aid Training expiring 11/09/2026 -DCFS.91449 was also present during today's full 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: 12/17/2025	 (Signature of Provider/Applicant/Substitute)
Melina Perez (Printed Name)	 (Printed Name)		MARIA E ROMERO (Printed Name)