



**DIVISION OF LICENSING**  
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 Email: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	MARIA ROMANO				License Number	DCFH.54260	Date of Inspection	01/05/2026
					Expiration Date	1/31/2029	Time of Inspection	10:57 AM
Address	30 1/2 POPLAR ST NEW MILFORD CT 06776-2945				Telephone	(203) 300-1285	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:00 PM	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	0	Weekend Hours	No
					Total children present	2	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Alexandra Rodriguez		
Provider's Email	romanoe2009@hotmail.com				Inspector's Email	alexandra.rodriguez@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><u>Consent to Inspect:</u> 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).</p> <p style="text-align: right;"><i>Alexandra Romano</i> _____ Signature of Provider/Substitute/Applicant</p>							

**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: 07/09/2024	
X	14. First Aid Certificate	
	Expiration date: 05/31/2027	

<b>X</b>	<b>15. CPR Certificate</b>	
	Expiration date: <b>05/31/2027</b>	
<b>X</b>	<b>16. Judgment</b>	

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

<b>X</b>	<b>17. Medical Statement</b>	
<b>X</b>	<b>18. Household Environment</b>	

**QUALIFICATIONS OF STAFF 19a-87b-8**

<b>X</b>	<b>19. Sub/Assistant</b>	Y/N	<b>Name:</b>		<b>Appvl #</b>	
	Type of Staff :	N				
<b>X</b>	<b>20. Emergency Caregiver</b>					

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

<input type="radio"/>	<b>21. Background Check(s)</b>	<b>Provider not in compliance with maintaining evidence of compliance with background checks when unable to demonstrate access to BCIS roster during inspection.</b>
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	<b>22. Clean/Sanitary Environment</b>	
<input type="radio"/>	<b>23. Freedom of Hazards</b>	<b>Observed the following hazards accessible to children; electric heater in bathroom and in kitchen on floor. During lunchtime, electric heater was on in the kitchen. Tools in unlocked kitchen drawer(provider removed tools during inspection.)Dog food in kitchen in dog bowl. Large ladder outside next to stairway.</b>
<input type="radio"/>	<b>24. Harmful Substances/Materials Inaccessible</b>	<b>Observed prescription medication on window sill in kitchen accessible to children.</b>
<b>X</b>	<b>25. Bio-contaminants Disposed Safely</b>	
<b>X</b>	<b>26. Safe Storage of Flammables</b>	
<b>X</b>	<b>27. Safe Door Fasteners</b>	
<b>X</b>	<b>28. Electrical Safety</b>	
<b>X</b>	<b>29. Safe Exits</b>	
<b>X</b>	<b>30. Basement Supervision</b>	Y/N <b>Y</b>
	<b>Used for Care ?</b>	Y/N
<input type="radio"/>	<b>31. Stairways - Protected, Handrails</b>	<b>Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when not available on outside stairway.</b>
<input type="radio"/>	<b>32. Emergency Plan</b>	<b>Provider not in compliance with maintaining a written emergency plan when not available during inspection.</b>

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Provider not in compliance with practicing quarterly emergency evacuation drills when not available during inspection.	
<input type="radio"/>	34. Smoke Detectors	Provider not in compliance with maintaining operable smoke detectors when observed smoke detector on main level not installed.	
<input type="radio"/>	35. Carbon Monoxide Detector	Provider not in compliance with maintaining operable carbon monoxide detectors when observed main level and level 2 missing a carbon monoxide detector.	
<input checked="" type="checkbox"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="checkbox"/>	37. Auxiliary Heating System N Type?	Appvd?	
<input checked="" type="checkbox"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="checkbox"/>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y		
<input checked="" type="checkbox"/>	40. Body of Water-Type: Barrier?	Y/N N	
<input checked="" type="checkbox"/>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<input checked="" type="checkbox"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="checkbox"/>	43. Window Safety		
<input type="radio"/>	44. Washing Toileting, Sewage Garbage Facilities	Provider not in compliance with keeping trash covered when observed bathroom garbage can missing a lid.	
<input checked="" type="checkbox"/>	45. Adequate and Safe Water - Type of System: Public Water		
<input checked="" type="checkbox"/>	46. Water Temperature- 60°-120°		
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input checked="" type="checkbox"/>	48. Working Phone, Emergency Numbers Posted		
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input checked="" type="checkbox"/>	50. First Aid supplies		
<input checked="" type="checkbox"/>	51. Pet protection	Type: One dog	
<input checked="" type="checkbox"/>	Pets?	Y	
<input checked="" type="checkbox"/>	Rabies Certs?	Y	
<input checked="" type="checkbox"/>	52. Smoking Prohibited		

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<input checked="" type="checkbox"/>	53. Enrollment Form		
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<input type="radio"/>	54. Child Health Record	Provider not in compliance with maintaining current child health record of one child.
<input type="radio"/>	55. Immunizations	Provider not in compliance with maintaining current immunization records of two children. Two children missing 2025-2026 flu vaccine.
<input checked="" type="checkbox"/>	56. Emergency Permission	
<input type="radio"/>	57. Authorized Release	Provider not in compliance with maintaining complete written parent permission to authorize removal of two children.
<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 type="radio"/>	65. Handwashing	Observed a child use the bathroom and did not wash his hands. Observed children served lunch and provider nor children washed hands prior to lunch.
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input type="radio"/>	68. Proper Rest Provisions – Safe Cribs	Provider not in compliance with ensuring clean/comfortable/safe napping/resting provision for each child when provider admitted to using an additional padding insert inside of pack n play where 11 month old sleeps. Infant not present during inspection.
<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	

<input type="radio"/>	74. Crib or Other Provision Free from Observable Hazards	Provider not in compliance with ensuring no items are placed with an infant in packnplay when provider admitted to utilizing a blanket that was observed inside pack n play when infant of 11 months old sleeps in pack play. Infant not present during inspection.
<input checked="" type="checkbox"/>	75. Infants not Swaddled	
<input checked="" type="checkbox"/>	76. Infants Supervised – minimum every 15 minutes	
<input type="radio"/>	77. Req. for Sleep Arrangements Posted/Discussed	Provider not in compliance with posting in a conspicuous place the requirements for sleep arrangements when not available during inspection.
<input checked="" type="checkbox"/>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
<input checked="" type="checkbox"/>	79. Parent Information and Access	
<input checked="" type="checkbox"/>	80. Developmental Milestones – Posted	
<input checked="" type="checkbox"/>	81. Supervision- at all Times, Indoors, Outdoors	
<input checked="" type="checkbox"/>	82. Personal Schedule- Alert, Competent Attention	
<input checked="" type="checkbox"/>	83. Full Attention - Distractions, Employment, Socialization	
<input checked="" type="checkbox"/>	84. Immediate Attention	
<input checked="" type="checkbox"/>	85. Substitute – Emergency Caregiver Present	
<input checked="" type="checkbox"/>	86. Appr. Discipline, Behavior Management	
<input checked="" type="checkbox"/>	87. Discuss Beh. Management Methods w/Staff and Parents	
<input checked="" type="checkbox"/>	88. Child Protection- Abuse/Neglect	
<input checked="" type="checkbox"/>	89. Notify OEC within 24 hrs. - Death or Serious Injury	
<input checked="" type="checkbox"/>	90. Mandated Reporting Abuse or Neglect to DCF	
<b>SICK CHILD CARE 19a-87b-11</b>		
<input checked="" type="checkbox"/>	91. Sick Child Care	
<b>NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N</b>		
<input checked="" type="checkbox"/>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

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

<b>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
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<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
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<b>X</b>	96. Notification - Documentation of Med Error(s)	
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<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
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<b>X</b>	98. Unused - Expired Nonprescription Meds	
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<b>X</b>	99. Documented Medication Trained Staff	
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<b>X</b>	100. Written Auth Prescriber/Parent Permission	
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<b>X</b>	101. MAR Maintained	
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<b>X</b>	102. Prescription Meds - Stored/Labeled	
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<b>X</b>	103. Unused/Expired Prescription Meds	
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<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
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<b>X</b>	105. Self-Admin. Of Meds	
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<b>X</b>	106. Petition for Special Medication Authorization	
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**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
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<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
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<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
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<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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<b>X</b>	<b>112. Finger Stick Blood Glucose Testing Records</b>	
<b>X</b>	<b>113. Parent Notification of Test Results</b>	

**ADDITIONAL VIOLATIONS**

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



<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>16 out of 109</b>
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**DISCUSSIONS/COMMENTS**

Discussed with provider importance of ensuring all safe sleep requirements are in compliance while caring for an infant. -Importance of ensuring children do not have access to any hazards. -Importance of daily play outdoors weather permitting. -Importance of handwashing prior to mealtimes. -Importance of incorporating various age appropriate activities while limiting screen time. -Could not fully observe children's outdoor play area due to snow. Unannounced Follow up will be conducted.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
<b>Alexandra Rodriguez</b> (Printed Name)	(Printed Name)	<b>01/19/2026</b>	<b>MARIA ROMANO</b> (Printed Name)