




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

**FAMILY CHILD CARE HOME INSPECTION**

<b>PROVIDER</b>	<b>NORMA ROBLES ROMERO</b>			<b>LICENSE NUMBER</b>	<b>DCFH.58139</b>	<b>DATE OF INSPECTION</b>	<b>04/14/2026</b>
				<b>EXPIRATION DATE</b>	<b>2/28/2029</b>	<b>TIME OF INSPECTION</b>	<b>09:45 AM</b>
<b>ADDRESS</b>	<b>5 RICHELIEU ST NORWALK  CT 06850-2909</b>			<b>TELEPHONE</b>	<b>(203) 293-5791</b>	<b>REGULAR CAPACITY</b>	<b>6</b>
				<b>HOURS OF OPERATION</b>	<b>7:30 AM - 5:00 PM</b>	<b>SCHOOL AGE CAPACITY</b>	<b>3</b>
				<b>DAYS OF OPERATION</b>	<b>Mon-Fri</b>	<b>SUMMER HOURS</b>	<b>Open</b>
<b>IS THIS A CHANGE OF ADDRESS?</b>	<b>YES</b>	<b>NO</b>	<b>NEW ADDRESS</b>	<b># UNDER 18 MTHS PRESENT</b>	<b>2</b>	<b>WEEKEND HOURS</b>	<b>No</b>
		<b>X</b>		<b>TOTAL CHILDREN PRESENT</b>	<b>5</b>	<b>NIGHT HOURS</b>	<b>No</b>
<b>TYPE OF INSPECTION</b>	<b>UNANNOUNCED INSPECTION - FULL</b>			<b>INSPECTOR'S NAME</b>	<b>Ana Sanchez</b>		
<b>PROVIDER'S EMAIL</b>	<b>amronrr@gmail.com</b>			<b>INSPECTOR'S EMAIL</b>	<b>ana.m.sanchez@ct.gov</b>		
<b>KEY:</b>	<i>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)</i>						
<b>COMPLIANT = X</b>	 Signature of Provider/Substitute/Applicant						
<b>NON-COMPLIANT = O</b>							

**TERMS OF THE LICENSE 19a-87b-5**

<b>X</b>	<b>4. 5(d)(10(a)) CAPACITY</b>	
<b>X</b>	<b>5. 5(c) NON-TRANSFERABILITY OF LICENSE</b>	Pending?
<b>X</b>	<b>6. 5(e) INFANT/TODDLER RESTRICTION</b>	
<b>X</b>	<b>7. 5(f)(2) LICENSE POSTED</b>	
<b>X</b>	<b>8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER</b>	
<b>X</b>	<b>9. 5(h) PHOTO ID</b>	
<b>X</b>	<b>10. 5(i) REQUESTS FOR INFORMATION</b>	
<b>X</b>	<b>11. 5(j) NOTIFICATION OF CHANGE</b>	

**QUALIFICATION OF PROVIDER 19a-87b-6**

<b>X</b>	<b>12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS</b>	
<b>X</b>	<b>13. 6(b) MEDICAL STATEMENT</b>	
	<b>EXPIRATION DATE:</b>	<b>10/21/2027</b>

<b>X</b>	<b>14. 6(c)(1)</b> FIRST AID CERTIFICATE	
	EXPIRATION DATE: 10/26/2026	
<b>X</b>	<b>15. 6(c)(2)</b> CPR CERTIFICATE	
	EXPIRATION DATE: 10/26/2026	
<b>X</b>	<b>16. 6(e)</b> JUDGMENT	

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

<b>X</b>	<b>17. 7(a)</b> MEDICAL STATEMENT	
<b>X</b>	<b>18. 7(b)</b> HOUSEHOLD ENVIRONMENT	

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

<b>X</b>	<b>19. 8(a)-(b)</b> SUBSTITUTE - ASSISTANT	Y/N	NAME:	Juana Pastora Velasquez	Appvl #	DCFS.92963
		Y	NAME:	Veronica Ortiz Pijal	Appvl #	DCFS.92968
	PRESENT AT VISIT?					
	Y					
<b>X</b>	<b>20. 8(c)</b> EMERGENCY CAREGIVER					

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

<b>X</b>	<b>21. 8a(a)-(f)</b> BACKGROUND CHECK(S)	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	<b>22. 9(a)</b> CLEAN/SANITARY ENVIRONMENT	
<b>X</b>	<b>23. 9(b)</b> FREEDOM OF HAZARDS	
<b>O</b>	<b>24. 9(c)</b> HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when specialist observed personal hygiene products in an unsecured lower cabinet in a bathroom used by children. Specialist also observed hand sanitizer and disinfecting wipes on an open shelf below the diaper changing table in the child care area within reach of children.
<b>X</b>	<b>25. 9(c)</b> BIO- CONTAMINANTS DISPOSED SAFELY	
<b>X</b>	<b>26. 9(d)(1)</b> SAFE STORAGE OF FLAMMABLES	
<b>X</b>	<b>27. 9(d)(2)</b> SAFE DOOR FASTENERS	
<b>X</b>	<b>28. 9(d)(3)</b> ELECTRICAL SAFETY	

<b>X</b>	<b>29. 9(d)(4)-(A)</b> <b>SAFE EXITS</b>		
<b>X</b>	<b>30. 9(d)(4)(A)</b>	<b>Y/N</b>	
	<b>BASEMENT SUPERVISION</b>	<b>Y</b>	
	<b>USED FOR CARE ?</b>	<b>Y/N</b>	
<b>X</b>	<b>31. 9(d)(4)(D)</b> <b>STAIRWAYS - PROTECTED, HANDRAILS</b>		
<b>X</b>	<b>32. 9(d)(4)(E)-(5)</b> <b>EMERGENCY PLAN</b>		
<b>X</b>	<b>33. 9(d)(5)</b> <b>EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG</b>		
<b>X</b>	<b>34. 9(d)(6)</b> <b>SMOKE DETECTORS</b>		
<b>X</b>	<b>35. 9(d)(7)</b> <b>CARBON MONOXIDE DETECTOR</b>		
<b>X</b>	<b>36. 9(d)(8)</b> <b>FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED</b>		
<b>X</b>	<b>37. 9(d)(9)</b> N/A? <b>Y</b>	<b>TYPE:</b>	<b>APPROVED?</b>
	<b>AUXILIARY HEATING SYSTEM</b>		
<b>X</b>	<b>38. 9(e)</b> <b>SAFE STORAGE OF WEAPONS AND AMMUNITION</b>		
<b>X</b>	<b>39. 9(f)(1)-(2)</b>		
	<b>SAFE SPACE- SUFFICIENT INDOORS   OUTDOORS</b>		
<b>X</b>	<b>40. 9(f)(2)</b> N/A?	<b>TYPE:</b>	<b>BARRIER:</b>
	<b>BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED</b>		
<b>X</b>	<b>41. 9(f)(3)</b> N/A? <b>Y</b> <b>HOT TUBS- LOCKED -INACCESSIBLE</b>		
<b>X</b>	<b>42. 9(g)</b> <b>VENTILATION, LIGHT AND TEMPERATURE- 65°</b>		
<b>X</b>	<b>43. 9(g)</b> <b>WINDOW SAFETY</b>		
<b>X</b>	<b>44. 9(h)</b> <b>WASHING TOILETING, SEWAGE GARBAGE FACILITIES</b>		
<b>X</b>	<b>45. 9(i)</b>		
	<b>ADEQUATE AND SAFE WATER - TYPE OF SYSTEM: Public Water</b>		
<b>X</b>	<b>46. 9(h)</b> <b>WATER TEMPERATURE- 60°-120°</b>		

<b>X</b>	<b>47. 9(j)</b> <b>PASTEURIZATION OF MILK SUPPLY</b>	
<b>X</b>	<b>48. 9(k)</b> <b>WORKING PHONE, EMERGENCY NUMBERS POSTED</b>	
<b>X</b>	<b>49. 9(l)</b> <b>SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS</b>	
<b>X</b>	<b>50. 9(m)-(n)</b> <b>FIRST AID KIT and SUPPLIES</b>	
<b>X</b>	<b>51. 9(o)</b> <b>PET PROTECTION</b>	TYPE of PETS: 2 cats
	PETS? Y/N Y	
	RABIES CERTS? Y/N Y	
<b>X</b>	<b>52. 9(p)</b> <b>Smoking Prohibited</b>	

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

<b>O</b>	<b>53. 10(b)(1)</b> <b>ENROLLMENT FORM</b>	Provider not in compliance with maintaining child enrollment forms for 2 enrolled children. Provider not in compliance with maintaining a complete child enrollment form for 1 enrolled child.
<b>O</b>	<b>54. 10(b)(2)</b> <b>CHILD HEALTH RECORD</b>	Provider not in compliance with maintaining child health records for 2 enrolled children.
<b>X</b>	<b>55. 10(b)(2)(v)/(l)</b> <b>IMMUNIZATIONS</b>	
<b>O</b>	<b>56. 10(b)(3)(B)</b> <b>EMERGENCY PERMISSION</b>	Provider not in compliance with maintaining complete emergency care information for 5 enrolled children.
<b>O</b>	<b>57. 10(b)(3)(A)</b> <b>AUTHORIZED RELEASE</b>	Provider not in compliance with maintaining complete written parent permission to authorize removal of children for 4 enrolled children.
<b>X</b>	<b>58. 10(b)(3)(C)-(D)-(F)</b> <b>FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL</b>	
<b>X</b>	<b>59. 10(b)(3)(E)</b> <b>SWIMMING PERMISSION</b>	
<b>O</b>	<b>60.10(b)(4)</b> <b>INCIDENT LOG</b>	Provider not in compliance with maintaining an incident log for each child when 5 enrolled children did not have an incident log.
<b>X</b>	<b>61. 10(b)(5)</b> <b>CONFIDENTIALITY</b>	
<b>X</b>	<b>62. 10(c)</b> <b>MEETING THE CHILD'S NEEDS</b>	
<b>X</b>	<b>63.10(c)(1)</b> <b>SUFFICIENT PLAY EQUIPMENT</b>	

<b>X</b>	<b>64. 10(c)(2)</b> <b>GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE</b>	
<b>X</b>	<b>65. 10(c)(3)</b> <b>HANDWASHING</b>	
<b>X</b>	<b>66. 10(c)(4)</b> <b>FLEXIBLE AND BALANCED WRITTEN SCHEDULE</b>	
<b>X</b>	<b>67. 10(c)(6)</b> <b>PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES</b>	
<b>X</b>	<b>68. 10(c)(5)</b> <b>PROPER REST PROVISIONS – SAFE CRIBS</b>	
<b>X</b>	<b>69. 10(d)</b> <b>INDIVIDUAL PLAN FOR CARE</b>	
<b>X</b>	<b>70. 10(d)(1-2)</b> <b>CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES</b>	
<b>X</b>	<b>71. 10(e)</b> <b>INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS</b>	
<b>X</b>	<b>72. 10(f)(1)</b> <b>INFANTS PLACED ON BACK FOR SLEEPING</b>	
<b>X</b>	<b>73. 10(f)(1)</b> <b>INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET</b>	
<b>X</b>	<b>74. 10(f)(3)-(4)/(7)</b> <b>CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS</b>	
<b>X</b>	<b>75. 10(f)(5)</b> <b>INFANTS NOT SWADDLED</b>	
<b>X</b>	<b>76. 10(f)(6)</b> <b>INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES</b>	
<b>X</b>	<b>77. 10(f)(8)</b> <b>REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED</b>	
<b>X</b>	<b>78. 10(g)</b> <b>DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL</b>	
<b>X</b>	<b>79. 10(h)(1)-(9)-(11)</b> <b>PARENT INFORMATION AND ACCESS</b>	
<b>X</b>	<b>80. 10(h)(10)</b> <b>DEVELOPMENTAL MILESTONES – POSTED</b>	

<b>X</b>	<b>81. 10(i)</b> SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
<b>X</b>	<b>82. 10(i)(1)</b> PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
<b>X</b>	<b>83. 10(i)(2)</b> FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
<b>X</b>	<b>84. 10(i)(3)</b> IMMEDIATE ATTENTION	
<b>X</b>	<b>85. 10(i)(4)</b> SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
<b>X</b>	<b>86. 10(j)</b> APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
<b>X</b>	<b>87. 10(j)(2)</b> DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
<b>X</b>	<b>88. 10(k)(1)</b> CHILD PROTECTION- ABUSE/NEGLECT	
<b>X</b>	<b>89. 10(k)(2)(A-B)</b> NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
<b>X</b>	<b>90. 10(k)(3)</b> MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

### SICK CHILD CARE 19a-87b-11

<b>X</b>	<b>91. 11(a)(1)-(3)</b> SICK CHILD CARE	
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### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

<b>X</b>	<b>92. 12(a)(1)-(3)</b> SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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### OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

<b>X</b>	<b>93. 13(a)-(f)</b> ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y**

<b>X</b>	<b>94. 17</b> <b>POLICIES AND PROCEDURES FOR ADMIN OF MEDS</b>	
<b>O</b>	<b>95. (a)(2)</b> <b>PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS</b>	<b>Provider not in compliance with maintaining written permission from the parents prior to the administration of nonprescription topical medications when 9 nonprescription topical medications were observed without proper documentation.</b>
<b>X</b>	<b>96. (a)(2)(b)(3)(D)</b> <b>NOTIFICATION - DOCUMENTATION OF MED ERROR(S)</b>	
<b>O</b>	<b>97. (a)(3)</b> <b>NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED</b>	<b>Provider not in compliance with maintaining proper storage of nonprescription topical medications when 9 nonprescription topical medications were observed stored in individual plastic bins on open shelves below the diaper changing table in the child care area within reach of children. Provider not in compliance with maintaining proper labeling of nonprescription topical medications when 1 nonprescription medication was unlabeled.</b>
<b>X</b>	<b>98. (a)(3)(C)</b> <b>UNUSED -EXPIRED NONPRESCRIPTION MEDS</b>	
<b>X</b>	<b>99. (b)(1)(2)</b> <b>DOCUMENTED MEDICATION TRAINED STAFF</b>	
<b>O</b>	<b>100. (b)(3)</b> <b>WRITTEN AUTH PRESCRIBER, PARENT PERMISSION</b>	<b>Provider not in compliance with maintaining a written order from prescriber and written parent permission for 1 prescription medication.</b>
<b>X</b>	<b>101. (b)(4)(A-B)</b> <b>MAR MAINTAINED</b>	
<b>O</b>	<b>102. (b)(5)(A-B)</b> <b>PRESCRIPTION MEDS – STORED/LABELED</b>	<b>Provider not in compliance with maintaining proper storage of medication when 1 prescription medication was observed stored in a plastic bin on an open shelf below the diaper changing table in the child care area within reach of children.</b>
<b>X</b>	<b>103. (b)(5)(D)</b> <b>UNUSED/EXPIRED PRESCRIPTION MEDS</b>	
<b>X</b>	<b>104. (b)(5)(C)(E)</b> <b>EMERGENCY MEDS-EQUIPMENT LABELED/CURRENT</b>	
<b>X</b>	<b>105. (b)(6)</b> <b>SELF – ADMIN. OF MEDS</b>	
<b>X</b>	<b>106. (b)(7)</b> <b>PETITION FOR SPECIAL MEDICATION AUTHORIZATION</b>	
<b>X</b>	<b>107. (d)</b> <b>POTASSIUM IODIDE (KI)</b>	
	N/A	

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

<b>X</b>	<b>108. (a)</b> <b>POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING</b>	
<b>X</b>	<b>109. (b)</b> <b>FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED</b>	

<b>X</b>	<b>110. (c)(3)</b> SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
<b>X</b>	<b>111. (d)</b> TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
<b>X</b>	<b>112. (e)(1-2)</b> FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
<b>X</b>	<b>113. (e)(3)</b> PARENT NOTIFICATION OF TEST RESULTS	

**ADDITIONAL VIOLATIONS**

<b>114.</b> CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	N/A?	
	<b>Y</b>	

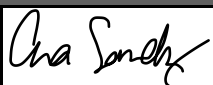
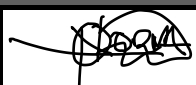
<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>10 out of 110</b>
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**DISCUSSIONS/COMMENTS**

Licensing specialist reminded the provider that her background checks will expire on 10/15/2026 and her first aid/CPR certification will expire on 10/26/2026. Licensing specialist provided a copy of infant sleep policies in both English and Spanish to the provider. The specialist discussed the regulations requiring her to discuss the safe sleep policies with parents prior to children being enrolled in her program and posting the safe sleep policies in a conspicuous location. The licensing specialist observed the provider post the safe sleep policies on the wall next to the entry door used by parents for pick up and drop off. Licensing specialist observed the provider's list of emergency telephone numbers in a bag that also contains her program's first aid kit. The licensing specialist discussed the regulations requiring the emergency telephone numbers to be posted in the child care area, not visible to others. The licensing specialist observed the provider post the emergency telephone numbers behind the safe sleep policies on a wall next to the entry door used by parents for pick up and drop off. Provider did not develop written policies for the administration of medication prior to today's inspection. Licensing specialist provided a sample medication administration policy in Spanish. Licensing specialist provided blank copies of child enrollment forms and written permission forms in English and Spanish. The licensing specialist also provided a checklist for maintaining regulatory compliance and blank copies of incident logs in Spanish.

**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.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	<b>Ana Sanchez</b>	<b>NORMA ROBLES ROMERO</b>	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	

	Written Corrective Action Plan due by: <b>04/28/2026</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
OEC Representative's Email: <b>ana.m.sanchez@ct.gov</b>		CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>